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**National Highway
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TRANSPORTATION RESEARCH CENTER

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Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 96-10
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - 1994

Submitted By:

Senior Staff Associate
and

Associate Scientist

1996

Revised Submission:

2001

Contract Number: DTNH22-94-D-17058

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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16. <i>Abstract</i> <p>This report covers a remote investigation of an air bag deployment crash that involved a 1994 Ford Aspire, two-door hatchback sedan, and a 1984 Ford Ranger pickup. This crash is of special interest because the Aspire's right front passenger sustained an atlanto-occipital dislocation and resulting fatal brain injuries from her deploying air bag. The Aspire was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway. The Ranger pickup was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was turning left to travel east on another State roadway. The front of the Aspire (case vehicle) impacted the right rear (wheel and truck bed) of the Ranger pickup (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle's driver (56 year-old female) was abnormally postured (i.e., leaning to her right and attempting to use her right arm to impede any forward movement of her granddaughter), with her seat track located between its middle and forward-most position, and no tilt steering wheel option was available. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her medical records, moderate injuries which included: fractures to her left humerus, left fifth metacarpal, and left fourth proximal phalanx. In addition, she sustained contusions to her left chest wall and dorsal forearm and multiple abrasions to her left forearm and hand. According to the investigating police officer and the attorneys representing both the family of the right front passenger and the Ranger's driver, the right front passenger in the case vehicle (4 year-old female) was abnormally postured (i.e., either standing or kneeling on the seat). According to the case vehicle's driver, her seat track was located between its middle and forward-most position, and she was neither in a child safety seat nor wearing her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, an atlanto-occipital dislocation which created a craniovertebral disassociation causing fatal brain injuries which included: a concussion [i.e., coma (GCS=3)] with severe anoxic/ischemic brain injury, generalized cerebral edema, bilateral intraventricular hemorrhages, and a subarachnoid hemorrhage. She also sustained a nondisplaced left parietal fracture, a laceration to the posterior right lobe of her liver, and a retroperitoneum hemorrhage. In addition, she sustained a contused left forehead, a laceration to her tongue, and multiple massive abrasions to her face and neck.</p>					
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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-10

FLEET - PRIVATE VEHICLE
LOCATION -

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1994 Ford Aspire, two-door hatchback sedan, and a 1984 Ford Ranger pickup occurring in 1994 at 12:55 p.m., in a county on a State road. This crash is of special interest because the Aspire's right front passenger sustained an atlanto-occipital dislocation and resulting fatal brain injuries from her deploying air bag.

The Aspire was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway when it impacted the Ranger pickup which was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was turning left to travel east on another State roadway.

The front of the Aspire impacted the right rear (wheel and truck bed) of the Ranger pickup. Based on the available vehicle photographs, the CDCs are estimated as: 12-FDEW-2 for the Aspire and 03-RBEW-2 and 09-LBEN-2 for the Ranger pickup. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V for the Aspire is between 20 km.p.h. (12 m.p.h.) and 25 km.p.h. (16 m.p.h.).

The 1994 Ford Aspire was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the Aspire (56 year-old female) was abnormally postured (i.e., leaning to her right and attempting to use her right arm to impede any forward movement of her granddaughter who was in the right front seat) with her seat track located between its middle and forward-most position, and no tilt steering wheel option was available. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her medical records, moderate injuries which included: fractures to her left humerus, left fifth metacarpal, and left fourth proximal phalanx. In addition, she sustained contusions to her left chest wall and dorsal forearm and multiple abrasions to her left forearm and hand. According to the investigating police officer and the attorneys representing both the family of the right front passenger and the Ranger's driver, the right front passenger (4 year-old female) in the Aspire was abnormally postured (i.e., either standing or kneeling on the seat). According to the Aspire's driver, her seat track was located between its middle and forward-most positions, and she was neither in a child safety seat nor wearing her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, an atlanto-occipital dislocation which created a craniovertebral disassociation causing fatal brain injuries which included: a concussion [i.e., coma (GCS=3)] with severe anoxic/ischemic brain injury, generalized cerebral edema, bilateral intraventricular hemorrhages, and a subarachnoid hemorrhage. She also sustained a nondisplaced left parietal fracture, a laceration to the posterior right lobe of her liver, and a retroperitoneum hemorrhage. In addition, she sustained a contused left forehead, a laceration to her tongue, and multiple massive abrasions to her face and neck. The driver (45 year-old male) of the Ranger was normally postured, with his seat track located between its middle and rearmost positions, and no tilt steering wheel option was available. He was not wearing his available, active, three-point, lap and shoulder belt and did not sustain any injuries as a result of this crash.

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-10

FLEET - PRIVATE VEHICLE
LOCATION -

ACCIDENT DATA

Location/Street:	State Highway
State:	
Area/Type:	Rural, residential
Accident Date:	1994
Accident Type:	Car / Pick-up truck - right angle
Occupant Injury Severity (air bag vehicle):	Concussion and coma with severe anoxic ischemic brain injury (AIS-5) resulting from an atlanto-occipital dislocation (AIS-2)

AMBIENT CONDITIONS

Light Conditions:	Daylight per Police Accident and Post-Crash Investigation Reports
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry
Temperature:	Unknown <i>{To be updated!}</i>

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State road	State road
Number of Travel Lanes:	2-lanes, undivided	2-lanes undivided
Width:	Unknown	Unknown
Surface Type:	Bituminous per photographs	Bituminous per photographs
Vertical alignment:	Level per Police Accident and Post-Crash Investigation Reports	Level per Police Accident and Post-Crash Investigation Reports

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Horizontal alignment:	Curve right per Police Accident and Post-Crash Investigation Reports	Curve left per Police Accident and Post-Crash Investigation Reports
Traffic Density:	Light per interviewee	Light per interviewee
Speed Limit:	64 km.p.h. (40 m.p.h.)	64 km.p.h. (40 m.p.h.)
Traffic Controls:	Regulatory NO PASSING ZONE and SPEED LIMIT signs per Police Post-Crash Investigation Report	Regulatory NO PASSING ZONE and SPEED LIMIT signs per Police Post-Crash Investigation Report

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1994	1984
Make:	Ford	Ford
Model:	Aspire	Ranger
Body Type:	Two-door sedan hatchback, four-passengers	Two-door pickup with standard six foot truck bed, two-passengers
V.I.N.:	KNJLT05H4R6-----	1FTCR10S1EL-----
Mileage:	17,757 km (11,033.7 mi) per Post-Crash Investigation Report and repair estimate	122,492 km (76,113 mi) per Post-Crash Investigation Report
Windshield damage/source:	Cracked per photographs	None per interviewee
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard positions	Three-point, manual, lap and shoulder belts in front outboard positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	None
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage
Reported Defects:	None	None

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>DEPLOYMENT IMPACT</u>		
Event number:	First	First
Object struck:	Vehicle #2	Case vehicle
Damage location:	Front bumper	Right side
CDC:	12-FDEW-2 per photographs	03-RBEW-2 per photographs
Estimated maximum crush:	18 cm (7.0 in) per Post-Crash Investigation Report	33 cm (13.0 in) per Post-Crash Investigation Report
Damaged components:	Front bumper, hood, and grille assemblies, radiator, components of left and right headlights, and left and right fenders	Right rear quarter panel and wheel per photographs
Repair estimate:	\$5,984	Unknown
Interior damage:	Driver and right front passenger air bag modules	Unknown
<u>NONDEPLOYMENT IMPACT</u>		
Event number:		Second
Object struck:		Stop sign on concrete traffic island
Damage location:		Left
CDC:		03-LBEN-2 per photographs
Estimated maximum crush:		20 cm (8.0 in) per Post-Crash Investigation Report
Damaged components:		Left rear quarter panel and wheel per photographs and attorney representing family of case vehicle's right front passenger
Repair estimate:		Unknown
Interior damage:		None

COLLISION SEQUENCE

PRE-CRASH: According to the Police¹ and the case vehicle's (Aspire) driver, the case vehicle was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway. According to the Police and the driver of vehicle #2 (Ranger pickup), vehicle #2 was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was in the process of turning left to travel east on another State roadway. According to the case vehicle's driver, after exiting the curve right, vehicle #2 turned left in front of her. According to the case vehicle's driver, the Post-Crash Investigation Report², and the scene photographs (see **SELECTED PHOTOGRAPHS #01 and #01**), she braked. According to the case vehicle's driver, as she braked she simultaneously reached across (i.e., leaning to her right) to the right front passenger seat and attempted to use her right arm to impede any forward movement of her unrestrained and abnormally postured granddaughter and prevent her from striking the dash. According to our interview with the case vehicle's driver, her granddaughter was normally postured. According to the investigating police officer and the attorneys representing both the family of the right front passenger and vehicle #2's driver, the case vehicle's driver stated in her deposition that her granddaughter was either standing or kneeling on her seat (i.e., abnormally postured). According to the Post-Crash Investigation Report and the scene photographs, the case vehicle's driver had steered right prior to locking-up her brakes. In this contractor's opinion, the braking maneuver combined with the case vehicle driver's reaching and leaning to her right, most likely caused the rightward steering which allowed the case vehicle to cross the edgeline and travel onto the east shoulder of the road. According to the attorney for vehicle #2's driver, he made no pre-crash avoidance maneuvers and vehicle #2 attempted to continue eastward on the intersecting State road prior to impact. The crash occurred on the east leg of the "Tee" intersection of the two roadways.

CRASH: According to the Police and the available photographs (see **SELECTED PHOTOGRAPHS #03 through #18**), the front bumper of the case vehicle impacted the right rear wheel and truck bed of the vehicle #2 causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. According to the crash dynamics, the case vehicle rotated slightly clockwise after impact and came to rest straddling the eastbound lane of the intersecting State road heading north-northeast. According to the Police and the driver of vehicle #2, vehicle #2 rotated clockwise after impact and subsequently struck a stop sign post mounted on a traffic island. Vehicle #2 most likely came to rest straddling the east-westbound lanes on the east leg of the "Tee" intersection heading essentially eastward.

¹ The term "Police" as used in the Collision Sequence and Discussion sections implies that the specific information was found in both the Police Accident Report and the Post-Crash Investigation Report.

² According to the Post-Crash Investigation Report, the case vehicle deposited the following skidmarks: right front tire 19.94 meters (65 feet 5 inches), left front tire 7.72 meters (25 feet 4 inches).

OCCUPANT DATA³

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	56	45
Sex:	Female	Male
Height:	168 cm (66 in)	170 cm (67 in)
Weight:	75 kg (165 lbs)	73 kg (160 lbs)
Occupation:	Not employed	Repairman
Active Restraint System/Usage:	Lap and shoulder belt/Not used	Lap and shoulder belt/Not used
Usage Source:	Driver, Police Accident Report, and medical records	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Driver side air bag/Air bag deployed	Not equipped
Usage Source:	Vehicle photographs, interviewee, Police Accident and Post-Crash Investigation Reports, and medical records	Not applicable
Eye glasses/contacts:	None per interviewee	Not applicable
Vehicle Familiarity:	Four months, driven approximately 8,047 km (5,000 mi)	Six to eight years @ an unknown annual usage
Route Familiarity:	Daily	Twice weekly
Trip Plan:	Home to relatives	Work (shop) to Work (Delivery)
Manner of Leaving Scene:	Ambulance	Unknown
Type of Medical Treatment:	Hospitalized	None per interviewee
Blood Alcohol Level:	Positive ³ , unknown level, alcohol on breath in initial emergency room	Not tested

³ The initial medical facility reported the case vehicle driver's Blood Alcohol Level as 1.0. Since this is a nonstandard method of reporting it is unclear if the test results indicated 10 mg/dl or 100 mg/dl. The actual laboratory results are not available; however, alcohol was detected on the driver's breath. The "transferred to" medical facility, which tested her five hours post-crash, indicated that she had a positive alcohol presence but that the level was less than or equal to 10 mg/dl. Although the exact level is unknown, it is most likely that alcohol was present.

OCCUPANT DATA (CONTINUED)

<u>OTHER PASSENGERS:</u>	<u>Case Vehicle, Right Front</u>	<u>Vehicle #2, Center Front</u>	<u>Vehicle #2, Right Front</u>
Age:	4 year-old	17 year-old	18 year-old
Sex:	Female	Female	Male
Height:	117 cm (46 in)	157 cm (62 in)	180 cm (71 in)
Weight:	~ 23 kg (~ 50 lbs)	50 kg (110 lbs)	77 kg (170 lbs)
Active Restraint System/Usage:	3-point lap and shoulder/Not used	Not equipped per vehicle specifica- tions @ this posi- tion/Not used	3-point lap and shoulder/Not used
Usage Source:	Interviewee, Police Accident and Post- Crash Investigation Reports, and med- ical records	Interviewee	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Right front air bag/Deployed	Not equipped	Not equipped
Usage Source:	Vehicle photo- graphs, interview- ee, Police Acci- dent Report, and medical records	Not applicable	Not applicable
Eye glasses/contacts:	None per inter- viewee	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Unknown	Unknown
Type of Medical Treatment:	Hospitalized and subsequently pro- nounced brain dead	None per inter- viewee	Unknown if treated

CASE VEHICLE DRIVER INJURIES⁴

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fracture capitulum ⁴ left humerus	752602.2,2	3	Left window sill	{Possible}
Fracture, shaft, left fifth metacarpal	752002.2,2	2	Left instrument panel or dash	{Probable}
Fracture, oblique oriented, shaft, left fourth proximal phalanx	752404.1,2	2	Left instrument panel or dash	{Probable}
Contusion left chest wall	390402.1,2	2	Air bag, driver's side	{Certain}
Abrasions, multiple, left forearm and hand	790202.1,2	3	Air bag, driver's side	{Certain}
Contusion {ecchymosis} left dorsal forearm	790402.1,2	2	Air bag, driver's side	{Probable}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{5,6,7}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Concussion, coma (GCS=3 ⁵) with severe anoxic/ischemic ⁶ brain injury	160824.5,0	2	Air bag, passenger's side	{Certain}
Cerebral edema, generalized	140672.4,3 ⁷	2	Air bag, passenger's side	{Certain}

4

defines the listed key word as follows:

capitulum (ka-pit'u-lam) -- a general term for a little head, or a small eminence on a bone by which it articulates with another bone; in anatomical nomenclature applied only to the distal end of the humerus, since that bone already possesses a head (caput). *c. humeri, c. of humerus* -- an eminence on the distal end of the lateral epicondyle of the humerus for articulation with the head of the radius.

This contractor was unable to obtain the actual imaging report that first identified this lesion; however, the medical records obtained contain three secondary references to this injury.

5

The patient's pupils were fixed, dilated, and unreactive. She had no pulse or spontaneous respirations. Her Glasgow Coma Scale score was assessed as 3T (intubated), but she could not have responded verbally.

6

defines these key words as follows:

anoxia (a-nok/se-a) -- a total lack of oxygen; often used interchangeably with *hypoxia* to mean a reduced supply of oxygen to the tissues.

encephalopathy (en-sef'a-lop/a-the) -- any degenerative disease of the brain.

hypoxia (hi-pok/se-a) -- reduction of oxygen supply to tissue below physiological levels despite adequate perfusion of the tissue by blood. *compare with anoxia*

hypoxic (hi-pok/sik) -- pertaining to or characterized by hypoxia.

hypoxiaischemia (hi-pok/se-a-is-ke/me-a) -- the changes occurring in tissues when the blood supply is cut off, particularly in a fetus or infant with asphyxia.

ischemia (is-ke/me-a) -- deficiency of blood in a part, usually due to functional constriction or actual obstruction of a blood vessel.

ischemic (is-kem'ik) -- pertaining to, or affected with, ischemia.

7

Strictly according to NASS CDS Injury Coding protocol, the Aspect "bilateral" is not allowed for the purpose of combining these lesions when they involve both cerebral hemispheres; each "lesion-hemisphere combination" should be coded separately. Bilateral is used here because the contact mechanism for each cerebral hemisphere is identical (i.e., the air bag).

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)^{8,9}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Intraventricular hemorrhage in both lateral ventricles	140678.4,3 ⁷	2	Air bag, passenger's side	{Certain}
Subarachnoid hemorrhage	140684.3,9	2	Air bag, passenger's side	{Certain}
Atlanto-occipital dislocation consistent with craniovertebral disassociation	650208.2,6	2	Air bag, passenger's side	{Certain}
Fracture, nondisplaced, left parietal bone	150402.2,2	2	Front header	{Possible}
Laceration posterior right lobe of liver	541820.2,1	2	Seat back support	{Possible}
Hemorrhage retroperitoneum	542800.3,8	2	Unknown injury mechanism ⁸	{Unknown}
Contusion left forehead	290402.1,7	3	Air bag, passenger's side	{Probable}
Laceration tongue	243402.1,8	3	Air bag, passenger's ⁹	{Certain}
Abrasions, massive, face	290202.1,0	2	Air bag, passenger's	{Certain}
Abrasions neck	390202.1,9	3	Air bag, passenger's	{Certain}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

VEHICLE #2 CENTER FRONT PASSENGER INJURIES¹⁰

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

⁸ The primary focus of the physicians involved with this patient was aimed at saving her life from her critical cerebral injuries. Because of her cerebral injuries, her abdominal, and most likely thoracic regions, were not the primary medical focus. Because there was no autopsy, it is unknown what caused her massive retroperitoneal hemorrhage. Since this contractor does not know exactly the anatomical origin of the hemorrhage, assigning a contact mechanism would be purely speculative.

⁹ The patient bit her tongue upon contact with her air bag.

¹⁰ According to the vehicle specifications, no restraints were provided for a front center position.

VEHICLE #2 RIGHT FRONT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion posterior head	190402.1,9	7	Right "B"-pillar	{Probable}

DISCUSSION

According to the case vehicle's driver she was abnormally postured immediately prior to impact. She was: leaning to the right with her left hand on the steering wheel, her right arm extended to the right trying to hold back her granddaughter, left foot most likely in the air, and her right foot on the brake. According to the case vehicle's driver, she was unsure exactly how her seat track was positioned but thought it was between the middle and forward-most positions with her seatback completely upright. The case vehicle's steering column is not adjustable. According to the Police¹¹ the case vehicle's driver, and her medical records, the driver was not restrained by her available, active, three-point lap and shoulder belts.

According to the available evidence, upon recognition of vehicle #2's left turn in front of the case vehicle, she steered right and braked. Based on occupant kinematic principals, the driver's rightward leaning, combined with the driver's locked braking maneuver and her lack of safety belts, most likely caused the driver to move slightly forward and toward the right side of her steering wheel and air bag module.

Based on the crash dynamics [i.e., the PDOF (Principal Direction of Force)], the case vehicle's driver moved rapidly forward and slightly toward her left (PDOF ~ -10 degrees) at impact. The deploying air bag struck her primarily on her left side abrading and contusing her left chest wall, forearm, and hand. In this contractor's opinion, the driver's left hand most likely was propelled forward from the steering wheel and struck the left instrument panel and/or lower dash fracturing her fifth metacarpal and proximal fourth finger. Given the position of a normal left hand grasp on a steering wheel, it is entirely consistent that the fourth and fifth fingers would strike the instrument panel/dash first. In addition, in this contractor's opinion, as the driver moved forward and slightly leftward, the deploying air bag helped loosen her grasp on the steering wheel rim and push her left arm outward. As the driver's hand struck the instrument panel/dash, her left elbow would most likely bend and move outward. This action could have resulted in the lateral epicondyle of her left humerus (i.e., elbow area) possibly striking an interior side surface (e.g., the window sill) causing the fracturing that was discovered at least two weeks post-crash.

The posture of the case vehicle driver's granddaughter (right front passenger) is unknown. According to the case vehicle's driver, her granddaughter was normally postured with her hands in her lap and her back against the seatback. According to the attorney representing vehicle #2's driver and the investigating officer, the granddaughter was either standing or kneeling in her seat. According to the case vehicle's driver, her seat track was located between its middle and forward-most position and the child was neither in a child safety seat nor wearing her available,

¹¹ The term "Police" as used in the Collision Sequence and Discussion sections implies that the specific information was found in both the Police Accident Report and the Post-Crash Investigation Report.

DISCUSSION (CONTINUED)

active, three-point, lap and shoulder belt. The attorney for vehicle #2's driver and one of the physicians indicated that the right front passenger went over¹² her deploying air bag. One physician indicated that this girl struck and broke the windshield. Examination of the available photographs (see **SELECTED PHOTOGRAPH #09**) indicates that the right front air bag module's cover flap broke the windshield.

In this contractor's opinion, the pre-crash braking, the lack of safety belts, the seat position, and the right front passenger's short stature [117 centimeters (46 inches)] and low gravitation attraction [i.e., her weight was 18-23 kilograms (40-50 pounds)] caused her to move rapidly forward and upward at impact where she was struck and essentially fatally injured by her deploying right front air bag. The child's impact with the deploying air bag caused the atlanto-occipital dislocation [at least one centimeter (2.5 inches) of disassociation according to one physician] which caused the on-set of her fatal brain injuries.

In this contractor's opinion, the reported (see above) occurrence of the child going over her air bag most likely did occur but was misinterpreted by those reporting its occurrence. In this contractor's opinion, the forward and upward movement of the child from the pre-crash braking and impact was exacerbated by the air bag which propelled the child vertically upward as a result of the air bag's deployment. In this contractor's opinion, the child mostly likely struck the windshield header and/or roof with her left parietal area causing the singularly reported nondisplaced skull fracture. After striking the front header and/or roof the child most likely rebounded rearward striking the upper portion of her seatback support with her back causing the liver laceration and/or retroperitoneal hemorrhage that was reported in her medical records. However, it is also possible that the liver injury was caused by the air bag itself. In this contractor's opinion, the critical nature of her cervical and brain injuries caused the physicians to prioritize their efforts toward saving the child's life. As a result, the full nature of her thoracic and abdominal injuries will most likely remained undetermined because no autopsy was performed.

Clearly the massive¹³ facial and minor neck abrasions resulted from contacting the air bag. The remaining injury mechanism are consistent with occupant kinematic principals and the known crash dynamics.

¹² On the other hand, one physician reported that the right front passenger went under her air bag striking the lower dash. In this contractor's opinion, neither scenario is correct.

¹³ The reference to massive facial abrasions only occurred on two medical records, and these records were most likely written by the same physician. The reference to "massive" was used only in a "passing" context. Exactly how extensive these abrasions were was never quantified or elaborated upon. It cannot be determined from her available medical records whether or not there was any contact between the child and the right front air bag module's cover flap.

Appendix A:

SELECTED PHOTOGRAPHS

A total of twenty color copies of photographs are presented and referenced as Photograph #01 through Photograph #20. All of these photographs were provided by the attorney representing the Family of the Case Vehicle's Right Front Passenger.



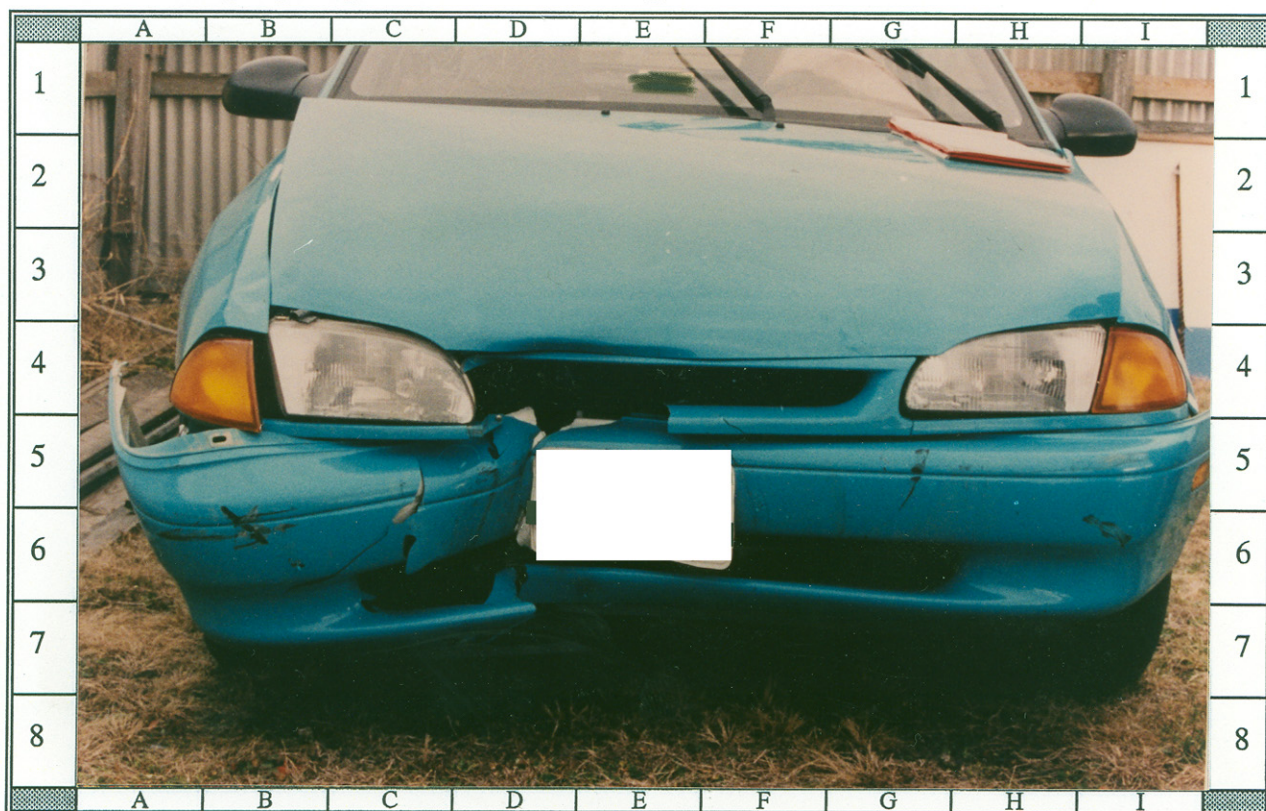
01: On scene southward view in Case Vehicle's northbound lane from just west of impact area; NOTE: skid marks left by Case Vehicle's front tires



02: On-scene southward view of Case Vehicle's northward travel path just prior to impact; NOTE: Case Vehicle's skid marks leading to impact

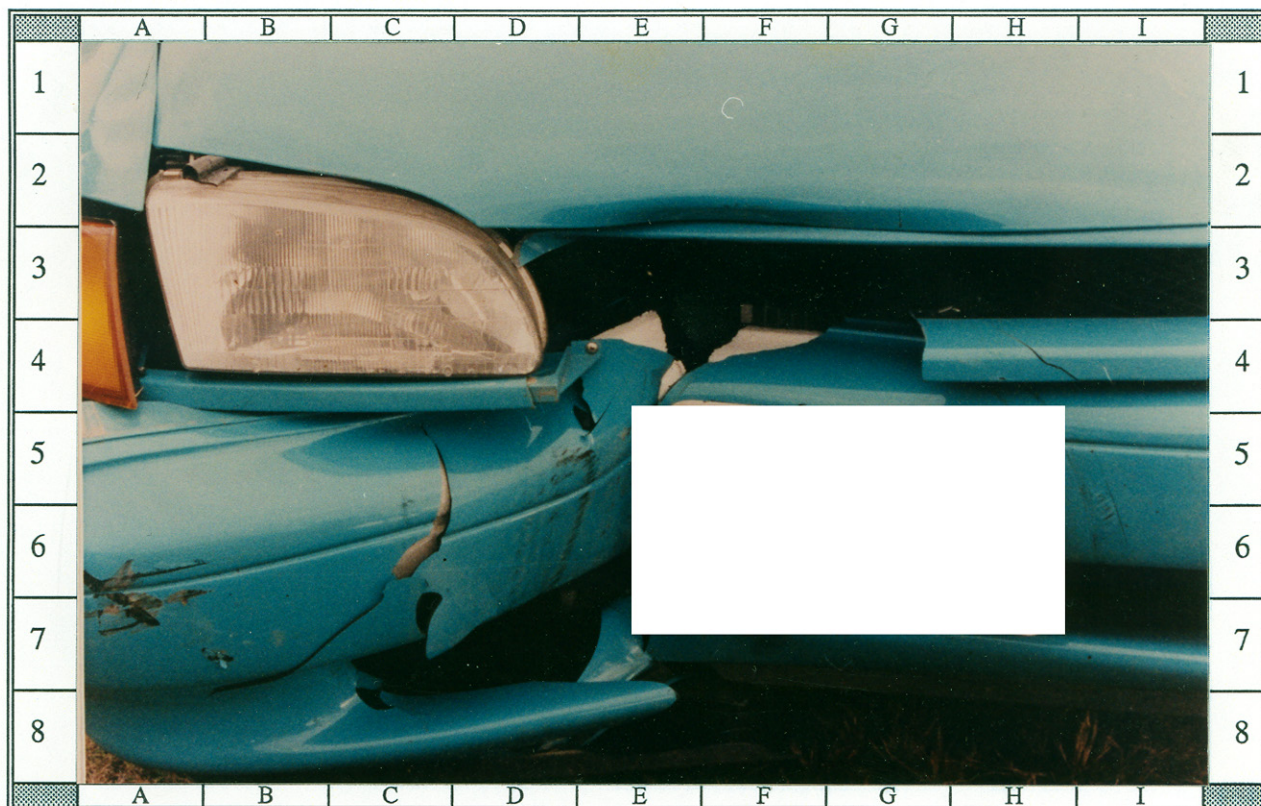


03: Towward view of Case Vehicle's frontal damage from impact with 1984 Ford Ranger pickup; NOTE: direct damage extends across entire front



04: Close-up view of direct damage to Case Vehicle's front; NOTE: tire mark on bumper (cells D5 & G5) from 1984 Ford Ranger pickup's right rear tire

Case Vehicle: 1994 Ford Aspire, Two-Door Hatchback, Four-Passenger, 1.3 L (81) I-4



05: Closer-up view of direct damage to Case Vehicle's front bumper; NOTE: round imprint on license plate from 1984 Ford pickup's right rear hubcap (cells F6--G6)

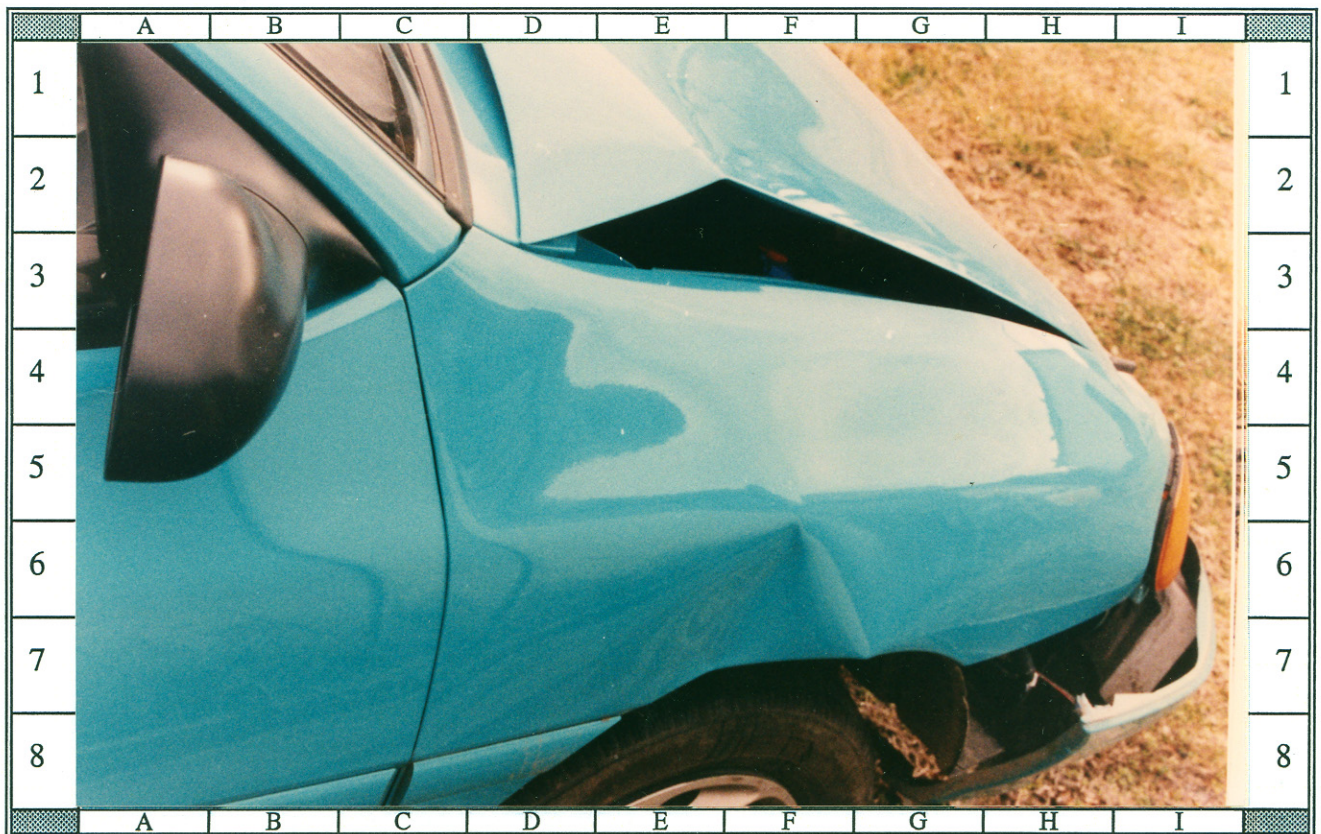


06: Comparison close-up of direct damaged to right rear tire of 1984 Ford Ranger pickup; NOTE: bent rim (cells C4--D3) and hubcap (cells E5--E6)

Case Vehicle: 1994 Ford Aspire, Two-Door Hatchback, Four-Passenger, 1.3 L (81) I-4

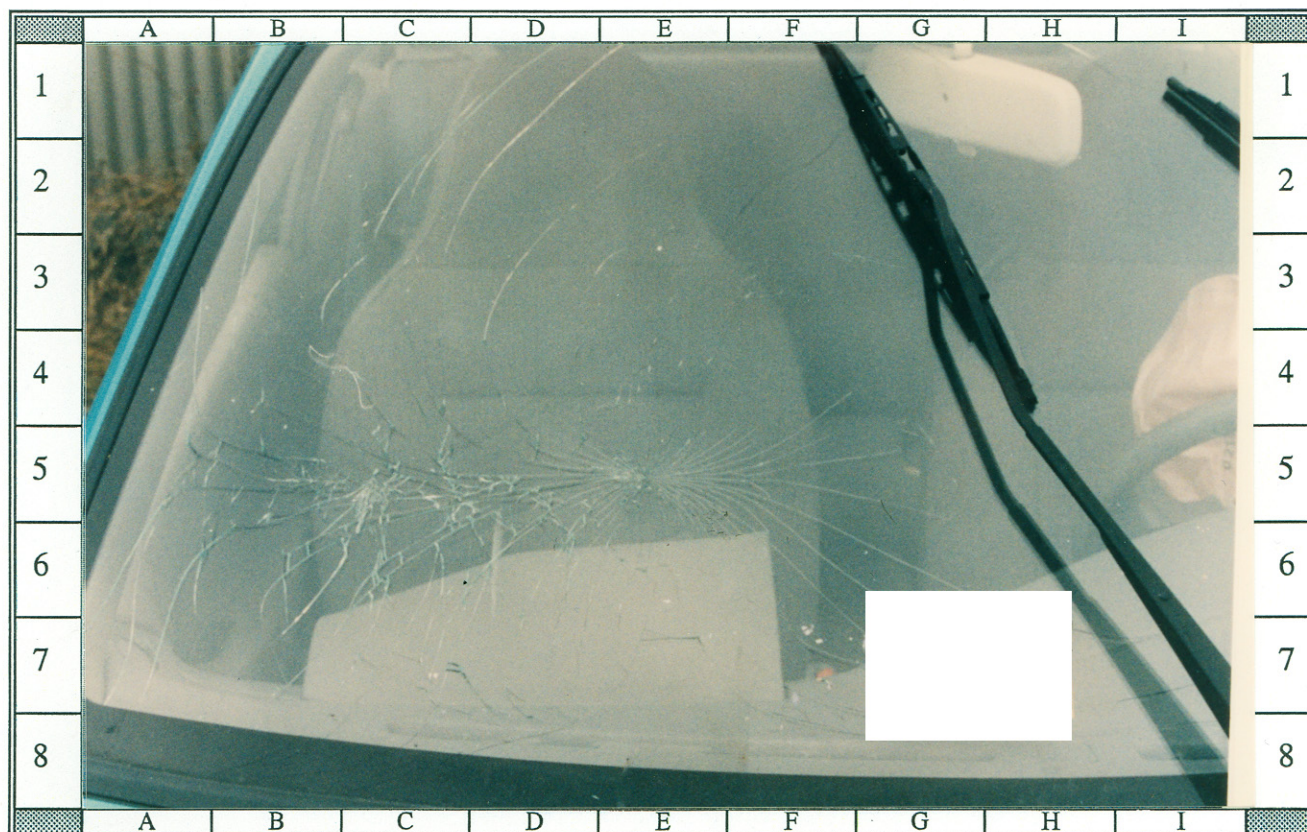


07: Case Vehicle's damaged front and left side of from approximately 70 degrees left of front; NOTE: buckled hood and induced damage to left fender



08: Case Vehicle's right front side from approximately 110 degrees right of front showing buckled hood and induced damage to right fender

Case Vehicle: 1994 Ford Aspire, Two-Door Hatchback, Four-Passenger, 1.3 L (81) I-4



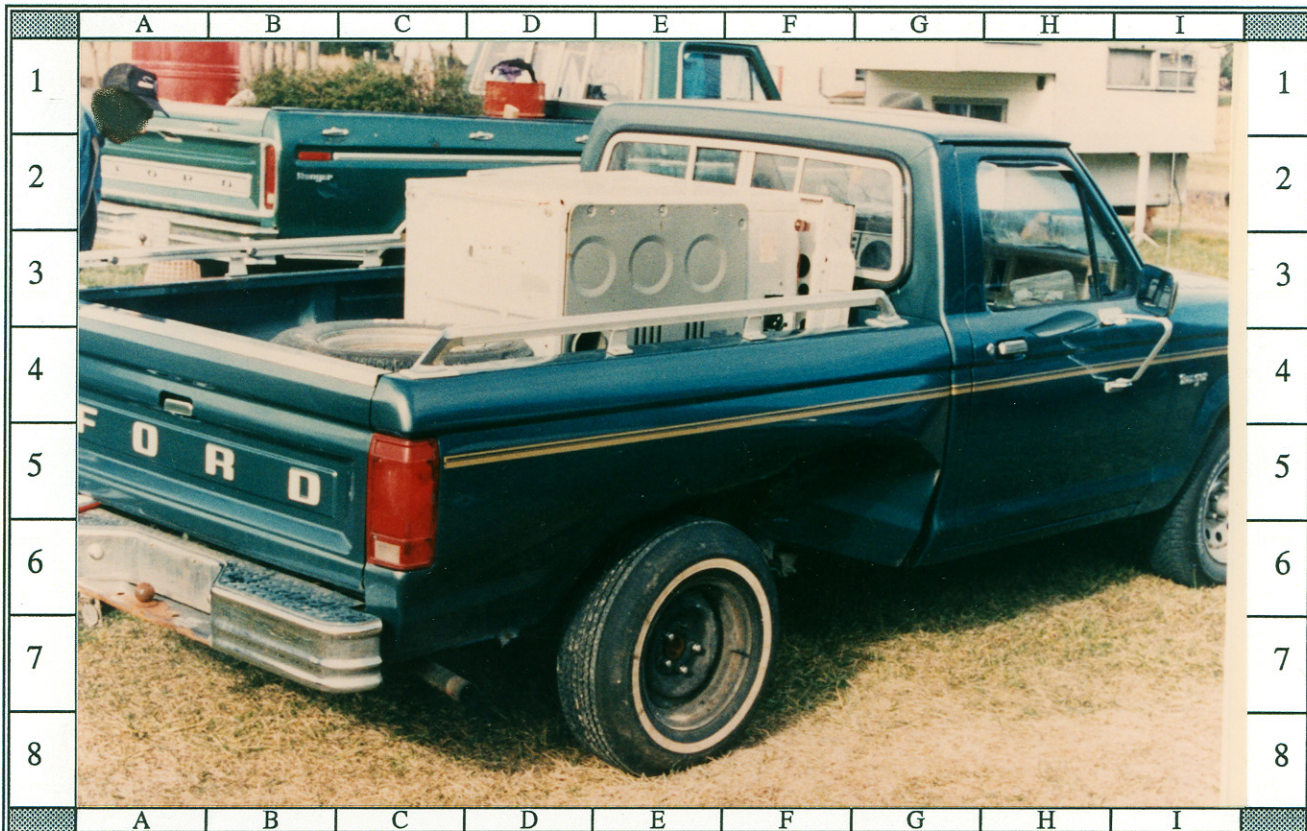
09: Case Vehicle's cracked windshield on right (passenger) side; NOTE: crack most likely from right front air bag module's cover flap



10: Case Vehicle's deployed driver and right front passenger air bags viewed from outside driver's window; NOTE: bent cover flap on passenger's side (cell F1)



11: Toward view of Vehicle #2's damaged right rear side viewed from approximately 15 degrees right of back



12: Vehicle #2's damaged right rear side viewed from approximately 45 degrees right of back; NOTE: direct damage to wheel well area--wheel replaced

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



13: Closer view of Vehicle #2's damaged right rear side viewed from approximately 60 degrees right of back; NOTE: cargo was present at time of crash

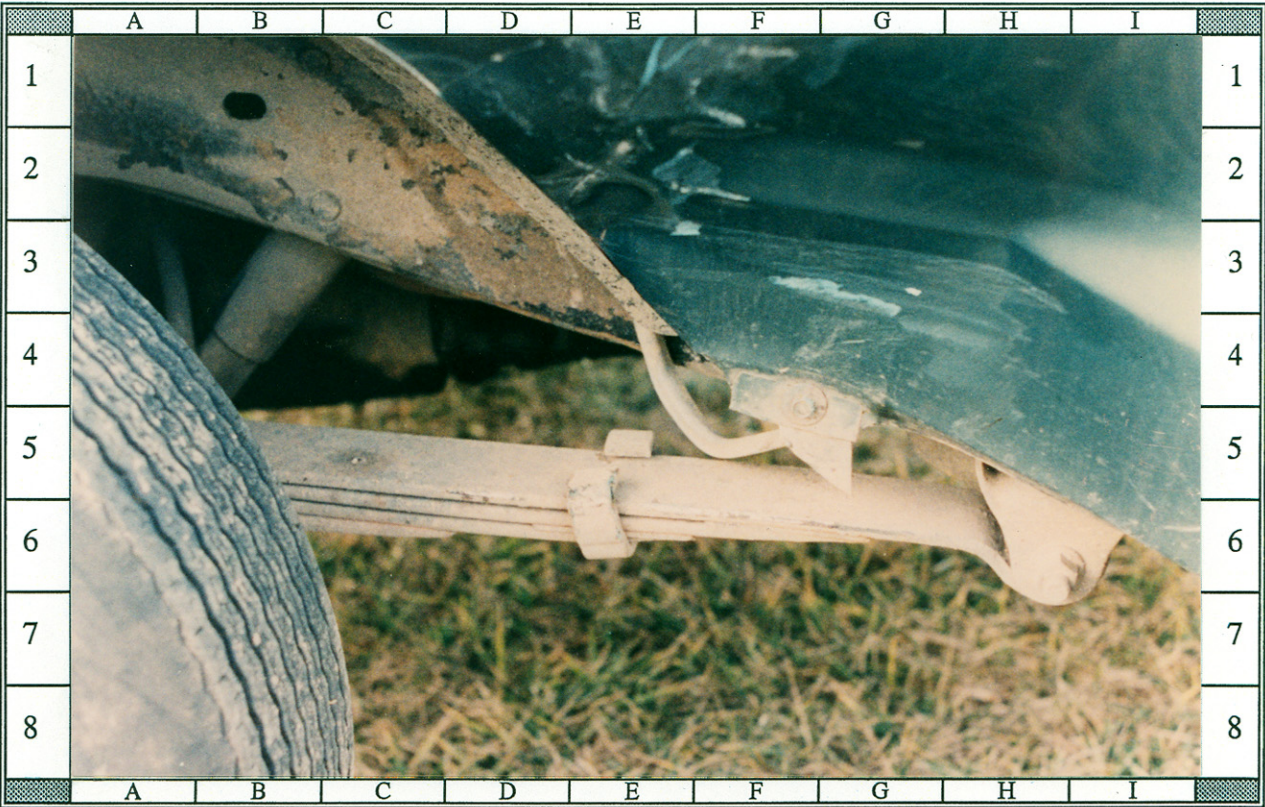


14: Vehicle #2's damaged right rear side viewed from approximately 30 degrees right of front; NOTE: wheel replaced prior to photograph

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



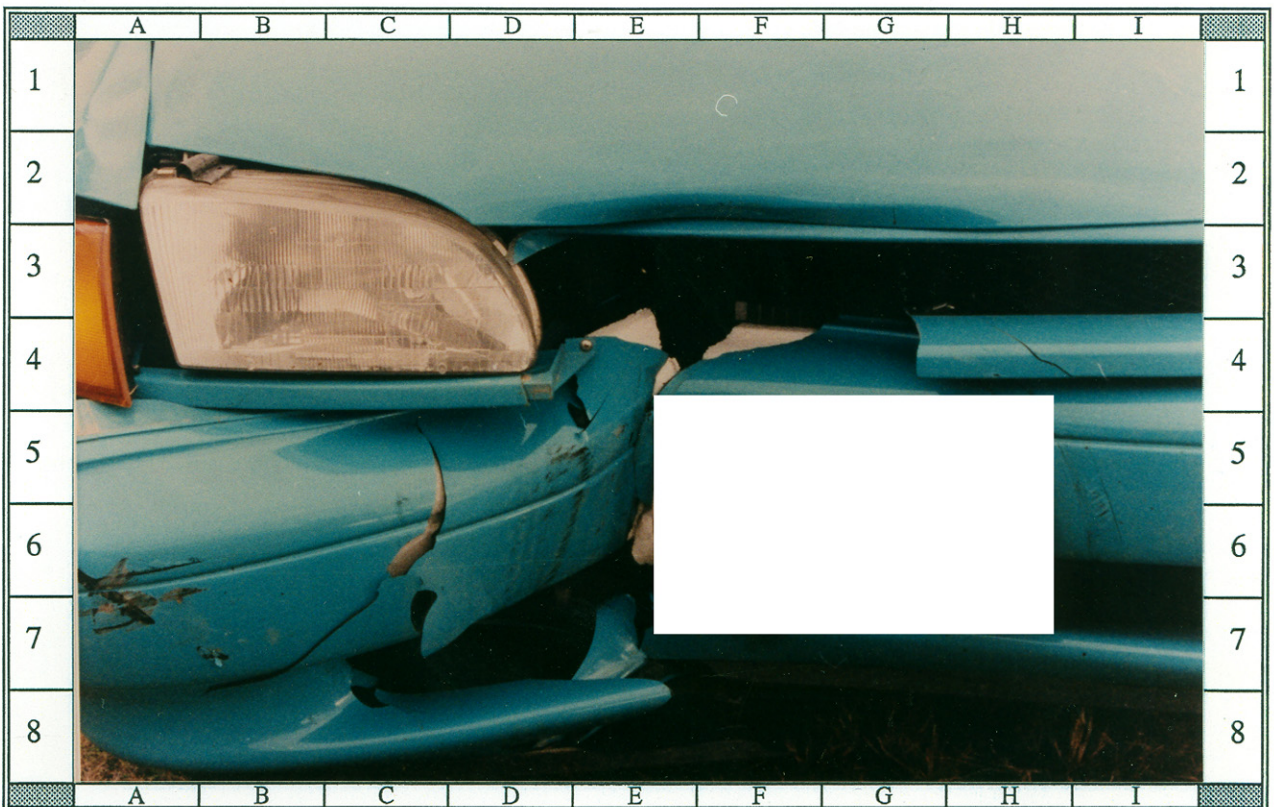
15: Direct damage to Vehicle #2's right rear side viewed from right; NOTE: direct damage to spring (cells E7-F7)



16: Close-up of direct damage to Vehicle #2's right rear spring from 1994 Ford Aspire's front bumper



17: Close-up of damage to Vehicle #2's original right rear tire; NOTE: direct contact to tire and bent wheel rim and center hub

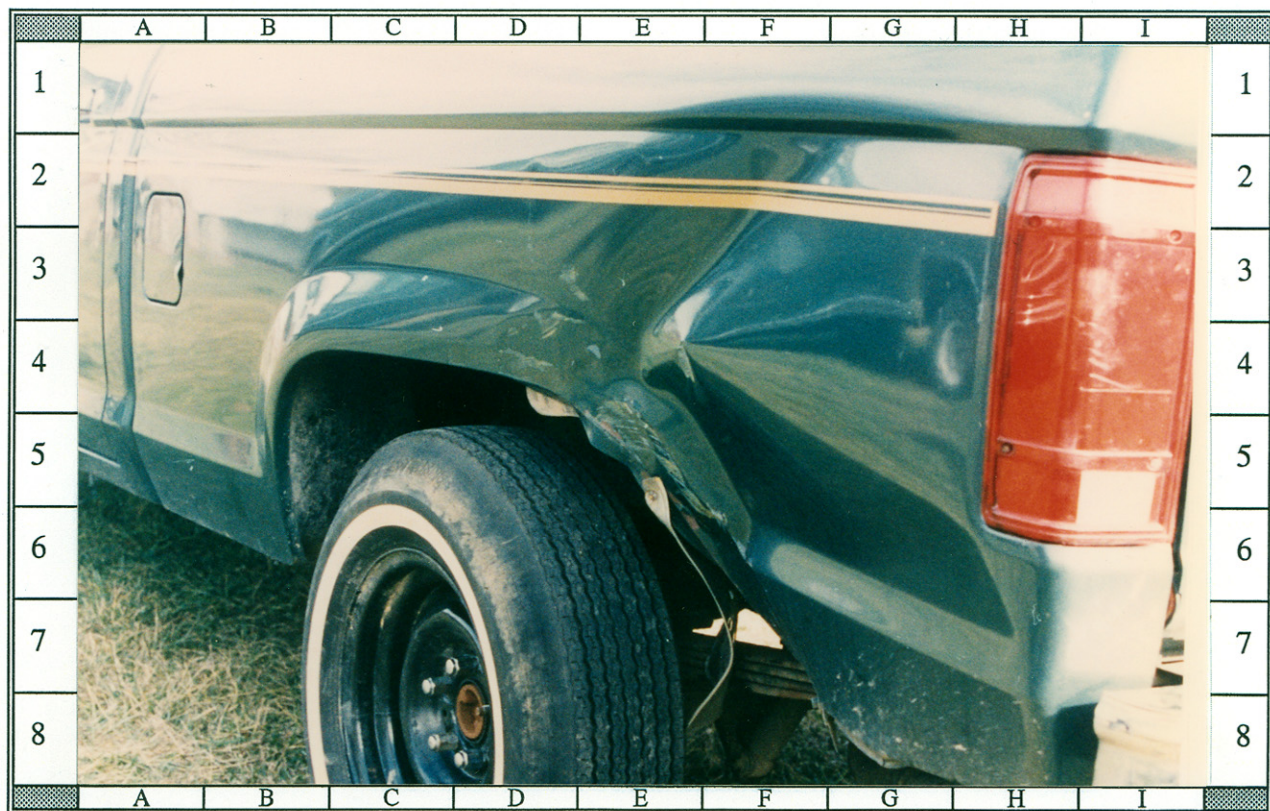


18: Comparison close-up of direct damaged to 1994 Ford Aspire's front bumper from Vehicle #2's center hub; NOTE: round imprint on license plate (cells F6--G6)

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



19: Vehicle #2's damaged left rear side; NOTE: damage occurred when Vehicle #2 rotated into the cement base of a stop sign following its initial impact



20: Close-up of Vehicle #2's damaged left rear side and wheel area from impact with cement base of stop sign; NOTE: tire replaced

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6

POLICE ACCIDENT REPORT
AND

POST-CRASH INVESTIGATION REPORT

DMV COPY

DATE OF ACCIDENT: 10/10/84 TIME: 10:00 AM

LOCATION: 1000 N. STREET

VEHICLE NO. 1: 1984 FORD LINCOLN P.U. 2DR

VEHICLE NO. 2: 1984 FORD ASPECT 2DR

DRIVER NO. 1: SALES

DRIVER NO. 2: UNEMPLOYED

REPAIR COST: \$3000

REPAIR COST: \$2500

OBJECT STRUCK: STOP SIGN

ACCIDENT DIAGRAM: (Hand-drawn diagram showing vehicle paths and impact points)

VEHICLE NO. 1 DAMAGE: FRONT

VEHICLE NO. 2 DAMAGE: FRONT

DRIVER OF VEHICLE #2 EXCEEDED THE POSTED SPEED LIMIT STRUCK VEHICLE #1 IN THE RIGHT SIDE. THE DRIVER FROM VEHICLE #2 PUSHED VEHICLE #1 ONTO A CONCRETE TRAFFIC ISLAND CAUSING VEHICLE #1 TO STRIKE A STOP SIGN.

NO SEAT BELT IN USE FOR VEHICLE #2. VEHICLE EQUIPPED WITH DUAL AIR BAGS WHICH DEPLOYED.

1	3	1	1	26	77	40	X
2	1	6	1	38	F	2A	X
2	3	6	1	40	F	1K	X

REPORTED BY: SALES

DATE REPORT FILED: 10/10/84

BEST AVAILABLE

Supplemental

FD-300 (REV. 1/90)

COUNTY OF ALABAMA		MILE POST NUMBER		ROAD OR HIGHWAY NO. IF WITHIN 150 FEET	
CASEMARKING AT SCENE		NUMBER OF VEHICLES		OFFICIAL USE ONLY	

ROUTE NUMBER OR STREET NAME					
-----------------------------	--	--	--	--	--

VEHICLE NO. 1		OCCUPANT		DRIVER'S NAME (LAST, FIRST, MIDDLE)		OCCUPATION	
ADDRESS (STREET & NO.)		CITY		STATE		ZIP CODE	

DATE OF BIRTH		MONTH		DAY		YEAR	
---------------	--	-------	--	-----	--	------	--

VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)		ADDRESS (STREET & NO.)		CITY		STATE		ZIP CODE	
--	--	------------------------	--	------	--	-------	--	----------	--

MAKE & TYPE OF VEHICLE (SHOW MODEL, MOTORCYCLE, AMBULANCE, ETC.)		YEAR		REPAIR COST		MAKE & TYPE OF VEHICLE (SHOW MODEL, MOTORCYCLE, AMBULANCE, ETC.)		YEAR		REPAIR COST	
--	--	------	--	-------------	--	--	--	------	--	-------------	--

LICENSE PLATE NUMBER		STATE		NAME OF INSURANCE CO. (IF ANY)		LICENSE PLATE NUMBER		STATE		NAME OF INSURANCE CO. (IF ANY)	
----------------------	--	-------	--	--------------------------------	--	----------------------	--	-------	--	--------------------------------	--

DAMAGE TO PROPERTY OTHER THAN VEHICLES		OBJECT		ADDRESS		REPAIR COST	
--	--	--------	--	---------	--	-------------	--

VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT		ACCIDENT DIAGRAM		VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT	
SPEED		INDICATE NORTH BY ARROW		SPEED	
BEFORE ACCIDENT				BEFORE ACCIDENT	
LIMIT				LIMIT	
MAXIMUM SAFE				MAXIMUM SAFE	

VEHICLE NO. 1 DAMAGES		VEHICLE NO. 2 DAMAGES	
1 UNKNOWN 2 NO DAMAGE		1 UNKNOWN 2 NO DAMAGE	
TOTALLED 3		TOTALLED 3	

ACCIDENT DESCRIPTION: Supplemental to reflect charges as follows:

Driver of vehicle #1 fail to yield right of way/Driver of vehicle #2 - reckless

Driver of vehicle #1 fail to yield right of way/Driver of vehicle #2 - fail to maintain control

NAMES OF INJURED - IF DECEASED		DATE OF DEATH	
--------------------------------	--	---------------	--

TESTIMONY BY		REVIEWING OFFICER	
--------------	--	-------------------	--

DATE REPORT FILED	
-------------------	--

ABSTRACT

The accident described in this report occurred on an undivided two lane highway in . The highway is marked with no passing lines. Vehicle #1 was making a left turn from Route onto Route . Vehicle #2 was travelling north of Route applied brakes and skidded into the right rear of vehicle #1, knocking vehicle #1 into stop sign.

Results: This crash resulted in one fatality and two personal injuries.

SUMMARYSYNOPSIS

Day of week, time -

Vehicles involved: Vehicle 1 - 1984 Ford Ranger Pick-Up Truck
Vehicle 2 - 1994 Ford Aspire 2 dr. Sedan

Probable Cause: Driver inattention on the part of driver #2. There was sufficient sight distance for the driver to avoid vehicle #1 which had cleared the intersection when it was struck.

It appears from evidence at the scene that driver #2 steered to the right rather than to the left to avoid vehicle #1.

Ambiance and
Surroundings:

At the time of the crash it was daylight and road surface was dry. The roadway alignment is curve level, marked with no passing lines. The posted speed limit at the crash site is 40 mph.

Vehicles:

The 1984 Ford Ranger Pick-Up has I.D. The factory wheel base is 9'0". The odometer reading was 76,113. Safety equipment consisted of lap belt and shoulder harness for the driver and front passenger. There was contact damage to the right rear tire and right side of the pick-up bed. The damage was located 8 feet from the front of the vehicle. The truck bed on the right side was crushed inward 13 inches. There was also contact damage to the left side of the truck bed located 12'4" from the front of the vehicle. The truck bed on the left side was crushed inward 8".

The 1994 Ford Aspire was a two door sedan, . The factory wheel base is 7'8". The odometer reading was 11,033.7. Safety equipment consisted of lap belt and shoulder harness and air bags for the driver and front passenger. There was

DATE		TIME		CITY-COUNTY-TOWN		VEHS		PHOTOGRAPHS		NEGATIVE FILE NUMBER			
						2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
ROUTE NO.-STREET NAME						INTC WITH OR CLOSEST IN intersection							
RURAL				ALIGNMENT		WEATHER CONDITION				TRAFFIC CONTROL			
				Curve Level		Clear				Traffic Lane Marked			
VEHICLE NO. 1						VEHICLE NO. 2							
OPERATING CARRIER OR OWNER if applicable						OPERATING CARRIER OR OWNER if applicable							
ADDRESS						ADDRESS							
				STATE		ZIP CODE							
INSURANCE CARRIER						INSURANCE CARRIER							
YEAR	MAKE	TYPE	LICENSE PLATE #		STATE	YEAR	MAKE	TYPE	LICENSE PLATE #		STATE		
84	Ford	P-up				94	Ford	2 dr.					
DRIVER NAME						DRIVER NAME							
ADDRESS						ADDRESS							
CITY				STATE		ZIP CODE		CITY				STATE	
DRIVER'S LICENSE #				STATE		DRIVER'S LICENSE #				STATE			
ABSTRACT													
SEE ATTACHED													
RESULTS													
The passenger in vehicle #1 was injured. The driver of vehicle #2 was injured. The passenger in vehicle #2 was killed.													
PROBABLE CAUSE													
Driver inattention													
NARRATIVE													
Vehicle #1 was making a left turn from Route onto Route Vehicle #2 was travelling North on Route and skidded into the right rear of vehicle #1. Vehicle 1 rotated clockwise and struck stop sign.													
PAGE of		SP 711 No.		REPORT SUBMITTED BY		DATE		RECEIVED BY					
				ergeant									

contact damage to the front bumper and grill area. The grill and front bumper was crushed inward 7", inducing damage to the hood and both front fenders.

Drivers:

The driver of vehicle #1 was a white male with a valid operator's license. The driver has one conviction of reckless driving by speed, 1 conviction of speeding and 1 conviction of failure to stop and yield.

The driver of vehicle #2 was a white female with a valid operator's license. The driver has 1 conviction of fail to obey highway sign.

Drivers' Driving
Abstract:

See Attached.

ACCIDENT DESCRIPTION

Vehicle 1 was making a left turn from southbound onto eastbound. Vehicle #2 was travelling northbound on. Vehicle #2 skidded and struck the right rear of vehicle #1 knocking vehicle #1 into stop sign and concrete island located in the center of. The right front tire of vehicle #2 skidded a distance of 65'5" prior to impact with vehicle 1. The left front tire of vehicle #2 skidded 25'4" prior to impact. At the point of impact, the right rear tire of vehicle #1 was 2'7" onto. The right front tire of vehicle 2 was 5'10" onto and left front tire was 1'0" onto at the point of impact.

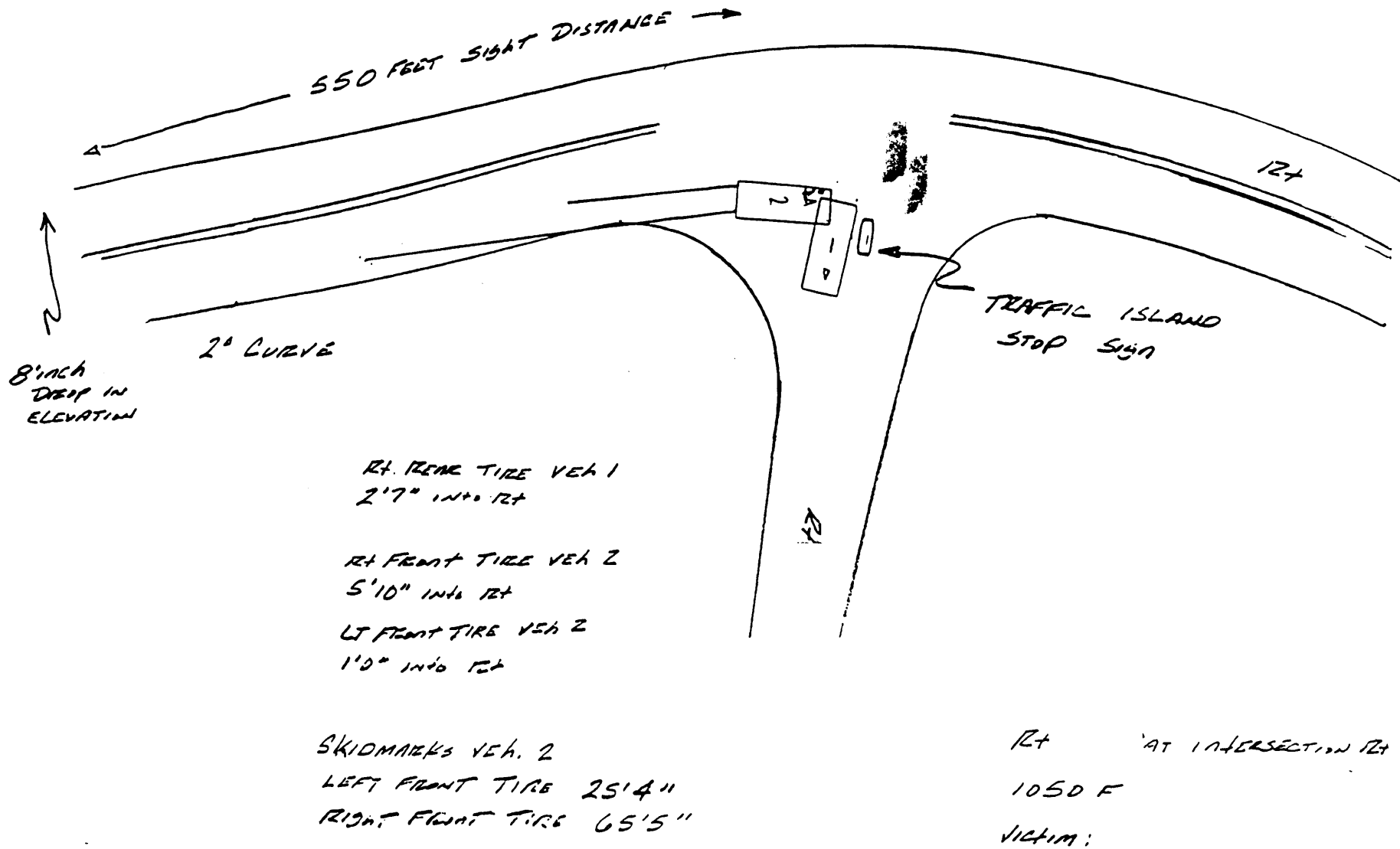
The road alignment is curve level. The curve is a 2 degree curve. There is a 8 inch drop in elevation from the outside to the inside of the curve. There is a sight distance of 550 feet approaching the accident scene in the direction vehicle #2 was traveling. A vehicle travelling at the posted speed limit of 40 mph would travel the 550 feet to the accident scene in 8.52 seconds. A vehicle travelling 60 mph would travel the same distance in 6.25 seconds.

Skidmarks at the scene would indicate that the driver of vehicle #2 steered the vehicle toward the right shoulder, thus striking vehicle 1 after it had cleared the intersection. Had vehicle #2 skidded out of control the dynamism of the curve and the slope of the curve would have caused the vehicle to go left away from vehicle #1.

FACTORS AND CONCLUSIONS

1. Deceased was not wearing a seat belt
2. The driver of vehicle 2 had ample sight distance to avoid accident
3. Driver #2 inattention
4. It appeared from evidence at the scene that driver #2 steered to the right which caused the vehicle to skid in the direction of vehicle 1.

2



CASE VEHICLE REPAIR ESTIMATE

BEST AVAILABLE

REPAIR ESTIMATE

CRASH BOOK USED

☐ MOTORS☐ OTHER

INSURANCE CLAIMS SERVICE

Page 1 of 2

OWNER		HOME #		WORK # (N/A)	
INSURED: <i>Jane</i>		APPRAISER FOR		ADJUST. PHONE:	
DATE OF LOSS		DATE ASSIGNED		DATE INSPECTED	
CLAIM #		POLIC		OUR FILE #	
YEAR	MAKE <i>Ford</i>	MODEL <i>Aspire</i>	BODY STYLE - OTHER I.D. <i>2dr. HB</i>		
MILEAGE <i>11,033</i>	VIN				

"THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING."

R-REPAIR
N-REPLACE A/MARKET () LKQ () PERSON

DESCRIPTION OF REPAIRS AND REPLACEMENTS		PAINT HRS.	LABOR HRS.	PARTS	SUBLET
N	Front Bumper Cover	2.0	2.0	334 18	
N	Front Bumper Cover valance panel		-	258 33	
N	Front Bumper left absorber		-	54 32	
N	Front Bumper right absorber		-	54 32	
N	Front Bumper impact bar		-	252 00	
N	Front Bumper right mtg. brkt.		-	32 23	
N	Grille Panel	.5	.3	165 33	
N	Grille Panel emblem		-	17 12	
N	Right head lamp Assy.		.5	169 98	
N	Grille Panel nldg.		-	53 50	
N	Right park lamp Assy.		-	41 92	
N	Left head lamp mtg. panel		.5	38 53	
R	Left head lamp		.4	-	
N	Hood Panel	2.0	1.0	207 45	
N	Hood Panel left hinge		.3	19 28	
N	Hood Panel right hinge		.3	19 28	
N	Hood Panel latch		.3	29 37	
N	Radiator support		5.0	123 57	
N	Radiator		-	321 17	

BEST AVAILABLE

INSURANCE CLAIMS SERVICE

Page 2 of 2[illegible]

REPAIRABLE



TOTAL LOSS



BORDERLINE T/L

☒

TOTAL LOSS SUMMARY -

Inspection Date	
-----------------	--

Owner			Insured	<i>True</i>	
Appraised For			CL/PL #		
Lic. Plate	VIN				
YEAR	MAKE <i>Ford</i>	BODY STYLE <i>Probe</i>	MODEL <i>Ltd. H.B.</i>	MILEAGE <i>11,033</i>	COLOR <i>Silver</i>
Vehicle's Location	Owner Permission to Move Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Daily Storage	* <i>\$10.00 per day</i>	Storage Accruing Since		Towing Charges * <i>65.00</i>	
VEHICLE DE					

VEHICLE DESCRIPTION

Body Style: <u>2DR</u> 4 DR <u>Lift/Hatchback</u> Convertible Wagon Pickup Van Utility Special	Transmission AT S6 <u>S5</u> S4 S3
Engine Detail: Size <u>2.0</u> Cylinders: <u>3</u> 4 5 6 8 12 Turbo Diesel Supercharged	Optional: OD 4W
Other Equipment: <u>4x4</u> <u>King Cab</u> <u>Crew Cab</u> <u>Fleet Side</u> <u>Step Side</u> <u>Long Box</u> <u>Short Box</u>	

<u>POWER OPTIONS</u>		<u>DECOR/CONVENIENCE</u>		<u>OTHER OPTIONS</u>		<u>SAVAGE INFO</u>	
PS <u>Pwr Steering</u>	AC <u>Air Conditioning</u>	WG Woodgrain	PM Power Mirrors			IMPACT AREAS	
PB <u>Pwr Brakes</u>	RD <u>Rear Defogger</u>	BN Body Side Moldings	PT Power Trunk			please circle & indicate:	
PW Pwr Windows	TW Tilt Wheel	BS Bucklet Seats	WP Rear Window Wiper			1 For Primary Impact Areas	
PL Pwr Locks	CC <u>Cruise Control</u>	IW Intermittent Wipers	RL Reclining Seats			2 For Secondary Impact Areas	
SP Pwr Drive Seat	CS <u>Cloth Seats</u>	PA Power Antenna	RG Passenger Air Bag				
PC Pwr Pass Seat	LS Leather Seats	AG Driver's Air Bag					
<u>RADIO</u>				<u>TRUCKS/VANS/UTVs/OTHER</u>			
AM AM	DB 4 Whl Disc Brakes	SB Step Bumper	FL Fog Lights			ZF <u>Front Left Fmt</u>	RO Roll Over
FM FM	TL Telescopic Wheel	SV Sliding Rear Window	BD Running Boards			ZRF <u>Right Front</u>	AO All Over
ST Stereo	AL Auto Load Level	XT Auxiliary Fuel Tank	BL Bed Liners			R Rear	IB Interior Burn
CA Cassette	3S 3rd Seat (Wagons only)	2T Two Tone Paint	AR Chrome Bed Rails			LR Left Rear	EB Engine Burn
SE Seek/Scan	BP 8 Passenger	MP Metallic Paint	TP Trailering Package			RR Right Rear	TB Total Burn
8T Eight Track	DA Dual Air Conditioning	TC Tinted Glass	RB Roll Bar			BO Front & Rear	SW Salt Water
CB CB Radio		DG Deep Tinted Glass	TB Tool Box (Permanent)			LS Left Side	S Strip
EQ Equalizer		CT Soft Top	GG Grill Guards			RS Right Side	V Vandalize
		HT Hard Top	WD Dual Rear Wheels			BS Left/Right Side	U Undercarriage
<u>ROOF OPTIONS</u>				<u>MOTORCYCLES</u>			
	VR Vinyl Roof	HE Headers	CC Cruise Control			ADDITIONAL DAMAGE	
	RF Cabriolet Roof	FF Full Fairing	RR Luggage Rack			please circle damage areas:	
	ES Electric Steel	PF Plexi Fairing	AM AM			DM Motor (Heavy)	DE <u>Right Fender</u>
	EG Electric Glass	CU Custom Seat	FM FM			DL Motor (Light)	DF <u>Left Fender</u>
	MS Manual Steel	MB Saddle Bags	ST Stereo			OI Interior	OA <u>Alignment</u>
	MG Manual Glass	TV Travel Trunk	CA Cassette			DD Dashboard	DG <u>Rear Glass</u>
	FR Flip Roof	GE Engine Guard	SE Seek/Scan			DR Roof (Heavy)	DW <u>Windshield</u>
	TT T-Tops	RS Back Rest	EQ Equalizer			DS Roof (Light)	
	GT Glass T-Tops						
	RR Roof Rack						
<u>WHEEL OPTIONS</u>							
AW Aluminum							
AY Alloy							
LC Locking Wire							
SA Spoked Aluminum							
SY Styled Steel							
WW Wire							
WC Wire Covers							

Tire Depth RR <u>8</u> /32 RF <u>8</u> /32 LR <u>8</u> /32 LF <u>8</u> /32 Spare <u>X</u> /32					Current Inspection Sticker <u>YES</u> NO	
Vehicle Condition: (fill in) Paint <u>1</u>		1 = Very Good 2 = Good Interior <u>1</u>		3 = Fair 4 = Poor Tires <u>1</u>		5 = Very Poor Gen. Appearance <u>1</u>
SALVAGE EVALUATION % _____		1 - Non-Repairable <u>2 - Salvage-Rebuild</u> 3 - Rebuilder 4 - Not Applicable				

DEALERS QUOTES

Dealers	Person & Phone Number	Value
		* 4,200.00
		* 9,600.00
		* 4,000.00

SALVAGE BIDS

Company	Person & Phone Number	Bid
		* 509.00
		* 650.00
		* 450.00

Wholesale		Retail		Carrier Use Only	
	\$ 6,925.00		\$ 9,475.00		
Tape deck audio removal	- 100.00		- 100.00	ACV Range	_____ to _____
1/2 A/C	- 550.00		- 550.00	Average ACV	_____
	\$ _____		\$ _____	Tax	_____
	\$ _____		\$ _____	Title	_____
	\$ _____		\$ _____	Misc.	_____
	\$ _____		\$ _____	Less Salvage	_____
	\$ _____		\$ _____	Other Subtractions	_____
	\$ _____		\$ _____	TOTAL	_____
Mileage +/-	\$ _____		\$ _____	Authorization by x:	_____
Other +/-	\$ _____		\$ _____		
TOTAL	\$ 6,275.00		\$ 8,825.00		

NASS CDS ACCIDENT FORM



ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9610

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) 4
5. Time of Accident 1255

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use
7. 0 SS16 Pedestrian Crash Data Study
(Data for this special study available in a separate file.)
8. 0 SS17 Impact Fires
9. 0 SS18 Unsafe Driver Actions
10. 0 SS19 Run Off Road

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>30</u>	18. <u>R</u>
19. <u>02</u>	20. <u>02</u>	21. <u>30</u>	22. <u>L</u>	23. <u>53</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- CV: 90.7" ⇒ 230.4*
- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (14) Compact utility vehicle
- (15) Large utility vehicle (≤ 4,536 kgs GVWR)
- (16) Utility station wagon (≤ 4,536 kgs GVWR)
- (19) Unknown utility type
- (20) Minivan (≤ 4,536 kgs GVWR)
- (21) Large van (≤ 4,536 kgs GVWR)
- (24) Van Based school bus (≤ 4,536 kgs GVWR)
- (28) Other van type (≤ 4,536 kgs GVWR)
- (29) Unknown van type (≤ 4,536 kgs GVWR)
- (30) Compact pickup truck (≤ 4,536 kgs GVWR)
- V2: 107.9" ⇒ 274.1*
- (31) Large pickup truck (≤ 4,536 kgs GVWR)
- (38) Other pickup truck (≤ 4,536 kgs GVWR)
- (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
- (45) Other light truck (≤ 4,536 kgs GVWR)
- (48) Unknown light truck type (≤ 4,536 kgs GVWR)
- (49) Unknown light vehicle type
- (50) School bus (excludes van based) (> 4,536 kgs GVWR)
- (58) Other bus (> 4,536 kgs GVWR)
- (59) Unknown bus type
- (60) Truck (> 4,536 kgs GVWR)
- (67) Tractor without trailer
- (68) Tractor-trailer(s)
- (78) Unknown medium/heavy truck type
- (79) Unknown light/medium/heavy truck type
- (80) Motored cycle
- (90) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|----------------|-------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
-
- | | | | |
|-------------------------------|-------------------------|---|-------------------------|
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS GENERAL VEHICLE FORM: CASE VEHICLE



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

FORD
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

ASPIRE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

KNJLT05H4R6
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60 mph X 1.6093 = _____ kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

40 mph X 1.6093 = _____ kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

MEDICAL

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 2
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1
(1) Level
(2) Uphill grade (> 2%)
(3) Hill crest
(4) Downhill grade (> 2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 1

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): NO PASSING ZONE
(6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
 - (01) Attentive or not distracted
 - (02) Looked but did not see
 - Distractions*
 - (03) By other occupant(s), (specify): _____
 - (04) By moving object in vehicle (specify): _____
 - (05) While talking or listening to cellular phone (specify location and type of phone): _____
 - (06) While dialing cellular phone (specify location and type of phone): _____
 - (07) While adjusting climate controls
 - (08) While adjusting radio, cassette, CD (specify): _____
 - (09) While using other device/controls integral to vehicle (specify): _____
 - (10) While using or reaching for device/object brought into vehicle (specify): _____
 - (11) Sleepy or fell asleep
 - (12) Distracted by outside person, object, or event (specify): _____
 - (13) Eating or drinking
 - (14) Smoking related
 - (97) Distracted/inattentive, details unknown
 - (98) Other, distraction (specify): _____
 - (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
 - (01) Going straight
 - (02) Decelerating in traffic lane
 - (03) Accelerating in traffic lane
 - (04) Starting in traffic lane
 - (05) Stopped in traffic lane
 - (06) Passing or overtaking another vehicle
 - (07) Disabled or parked in travel lane
 - (08) Leaving a parking position
 - (09) Entering a parking position
 - (10) Turning right
 - (11) Turning left
 - (12) Making a U-turn
 - (13) Backing up (other than for parking position)
 - (14) Negotiating a curve
 - (15) Changing lanes
 - (16) Merging
 - (17) Successful avoidance maneuver to a previous critical event
 - (97) Other (specify): _____
 - (99) Unknown
32. Critical Precrash Event 62
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____
 - (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 09

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right *with lockup*
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 4

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

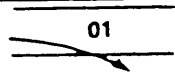
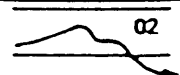
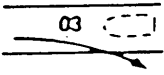
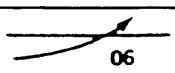
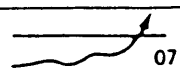
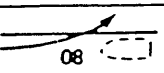
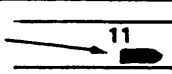

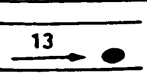
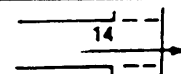
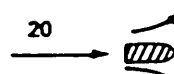
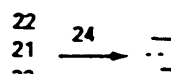
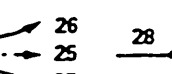
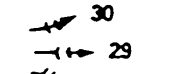
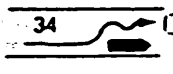
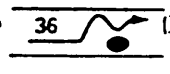
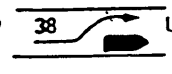
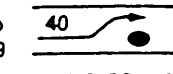
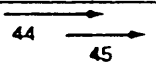
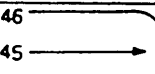


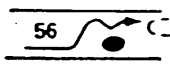

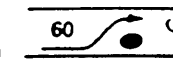
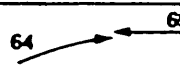
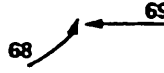
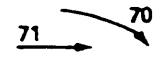
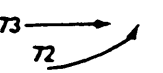
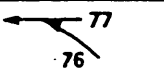

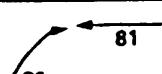
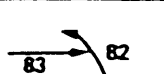

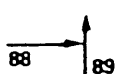

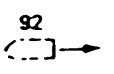

36. Accident Type 69

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER
II. Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78 TURN INTO OPPOSITE DIRECTIONS	 81 80	 83 82	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	 89	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN	
VI. Miscel- lanous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle 02
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 0.910
Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
2004 lbs X .4536 = 0.909 kgs

Source: _____

44. Vehicle Cargo Weight 000
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown

____ lbs X .4536 = _____ kgs

Source: Interviewee**ROLLOVER DATA**

45. Rollover 00
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted 00
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify): _____

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 999
54. Heading Angle For Other Vehicle 999

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than

-0.5 kmph and less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

61. Lateral Component of Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than -0.5 kmph and
less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

62. Energy Absorption

Highest

999.900 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)0

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

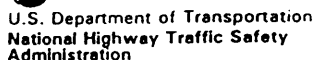
ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>2</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>0</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p>
	DELTA V EVENT NUMBER
	<p>68. Delta V Event Number <u>1</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>21</u>
2. Case Number - Stratum	<u>9610</u>		

VIN KNJLT05H7R6 _____ Model Year 94

Vehicle Make (specify): Ford Vehicle Model (specify): Aspire 2.2
Hardtop

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Front	No Inspection	

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 90.7 inches x 2.54 = 230.4 cm
 Overall Length 152.8 inches x 2.54 = 388.1 cm
 Maximum Width 65.7 inches x 2.54 = 166.9 cm
 Curb Weight 2,004 pounds x 0.4536 = 909.0 kg
 Average Track ^{55.9}_{55.1} 55.5 inches x 2.54 = 141.0 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/displ. cc x 0.001 = 1.3 L
 2-door, 4-passenger 80.7 CID x 0.0164 = L
 4-cylinder 1.3 L

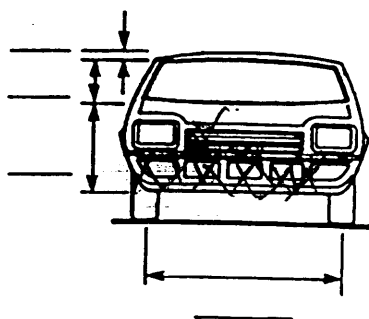
Branhams Shipping Weight 1938
100
2038
 1995 Aspire Curb
 Weight 2004

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}		Color: {specify}	Repair Cost: \$
Transmission: {circle} Automatic <u>Manual</u>		Speed: 3-speed 4-speed <u>5-speed</u> Other:	
Steering: {circle} Power-assisted Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:			
Brakes: {circle} Power-assisted Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			

VEHICLE DAMAGE SKETCH

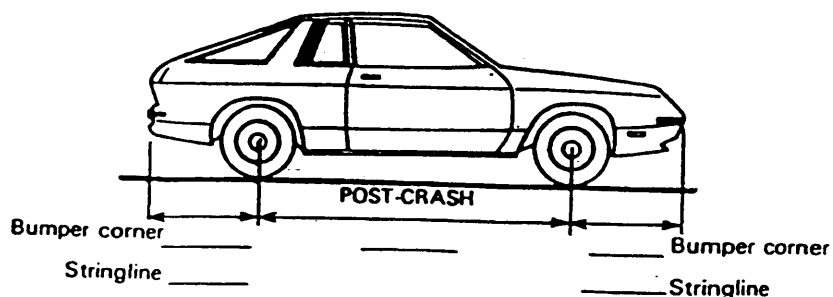
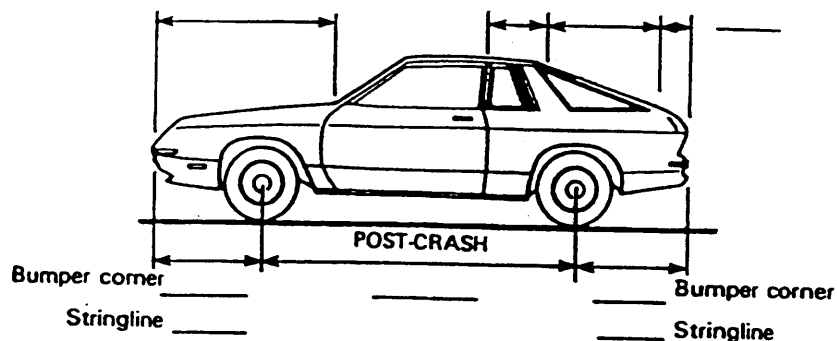
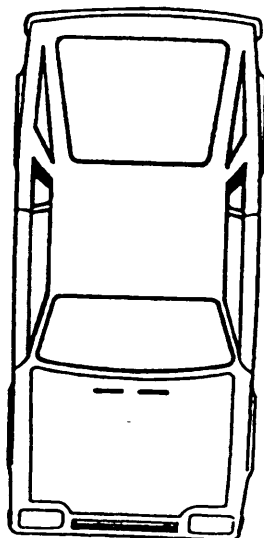
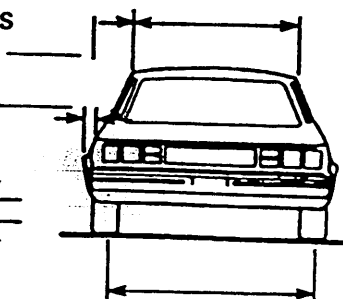
TIRE—WHEEL DAMAGE a. Rotation physically restricted RF _____ LF _____ RR _____ LR _____ b. Tire deflated RF _____ LF _____ RR _____ LR _____ (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>230</u> cm Overall Length <u>388</u> cm Maximum Width <u>167</u> cm Curb Weight <u>909</u> kg Average Track <u>141</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>14 1.3</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg	



MEASUREMENTS IN CENTIMETERS

*No Inspection,
Photographs
Only*

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

FORD Motor Co.,

Type of Body	Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.	Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
Pass. Cap.							
Police Interceptor, Series P71, Vinyl Split Bench Seats, Includes Preferred Equipment Package in Price							
6-PS 4-door Sedan P71	FCAB	114.4"	212.4" x 77.8" x 56.8"	3638	41.47	20,060	20,635
Options Crown Victoria: Calif Emissions System-\$100; Tires P215/70R15 WSW-\$82; Leather Seating Surfaces Split Bench with 21J Power Passenger Seat-\$555; Anti-lock Braking System/Electronic-\$695; Cellular Telephone-\$779; Dual Air Bag Safety Option-\$488; Keyless Entry Remote(LX only)-\$196; Seat Driver 6-way Power-\$504; Steering Wheel Leather-Wrapped(LX only)-\$96; Trailer Towing Package Heavy Duty-\$463; Radio Electronic AM/FM Stereo Cassette-\$171; Audio Group (LX only)-\$256							

1993 ESCORT SERIES FWD 4 cyl 1.9 liter, SEPFI Gas Engine(99J)

Bore & Stroke 3.23"x3.46"; Tax H.P. 16.7; P.D. 114cu.in., 5-spd Man. Trans.							
5-PS 3-door H.B. Standard P1061(DA)BM	98.4"	170.0"	66.7" x 52.5"	2198	16.7	8,355	8,730
5-PS 3-door H.B. LX P11	61(DA)AL	98.4"	170.0" x 66.7" x 52.5"	2219	16.7	9,364	9,739
5-PS 3-door H.B. GT P12	61(DA)AX	98.4"	170.0" x 66.7" x 52.5"	2345	16.7	11,871	12,246
5-PS 4-door H.B. LX P13	58(HC)AL	98.4"	170.0" x 66.7" x 52.5"	2267	16.7	10,041	10,416
6-PS 4-door Wagon LX P15	74(FF)AL	98.4"	171.3" x 66.7" x 53.6"	2316	16.7	10,367	10,742
6-PS 4-door Sedan LX-E P16	54(FA)AX	98.4"	170.9" x 66.7" x 52.7"	2345	16.7	11,933	12,308
6-PS 5-door Sedan LX P14	54(FA)AL	98.4"	170.9" x 66.7" x 52.7"	2272	16.7	9,797	10,172
Options Escort: 4-spd Overdrive Auto. Trans. -\$732; Calif Emissions System-\$72; Air Conditioning(LX,LX-E,GT)-\$759; Defroster Rear Window-\$170; Moonroof Power-\$549; Power Steering(LX)-\$261; Wagon Group-\$250; Radio AM/FM Stereo-\$312; Wheel 15" Aluminum-\$450							

1993 THUNDERBIRD SERIES RWD V6 cyl 3.8 liter SEFI Gas Engine(99R)

Bore & Stroke 3.8"x3.4"; Tax H.P. 34.7; P.D. 232 cu.in., 3.8 liter, (994)(99R) w/Auto. Overdrive Trans.							
5-PS 2-door LX Sedan P62	BAVSAI	113.0"	198.7" x 72.7" x 52.5"	3394	34.7	15,797	16,292

1993 THUNDERBIRD SERIES RWD V8 5.0 liter, EFI Gas Engine(99T)

Bore & Stroke 4"x3"; Tax H.P. 51.2; P.D. 302 cu.in., 5.0 liter, 4-spd Auto. Overdrive Trans.							
5-PS 2-door Super Coupe P64	BAVSBB	113.0"	198.7" x 72.7" x 53.0"	3645	51.2	22,030	22,525
Options Thunderbird: 5.0 liter HO Gas Engine(LX only)-\$1086; 4-spd Auto. Overdrive Trans(Std on LX)-\$595; Calif. Emissions System-\$100; Tire Super Coup P225/60ZR 16 97V BSW All-Season Performance-\$73; Leather Seating Surfaces Bucket Seats(LX Models)-\$515; Super Coup-\$648; Anti-lock Brake System(LX only)-\$695; Anti-Theft System-\$245; Defroster Rear Window-\$170; Power Lock Group(SC only)-\$311; Moonroof Power: LX-\$776; Super Coupe-\$876; Seat 6-way Power Drivers-\$305; Speed Control & Tilt Steering Wheel-\$369; Electronic AM/FM Cassette Radio w/Premium Sound-\$305; Keyless Entry Remote(LX)-\$196; Super Coupe-\$278							

FORD Motor Co.,

1994 Aspire FWD 4 cyl 1.3 liter EPFI SOHC Gas Engine(99H)(8 valve)

Bore & Stroke 2.79"x3.29; Tax H.P. 12.46; SAE H.P. 63@5000; Torque 74@3000(80.7 cu.in., 1.3 liter)							
Man. Trans. 5-speed; EPA Mileage Estimate 36/43							
4-PS 2-dr H.B. Coupe	T05	90.7	152.8" x 65.7" x 55.6"	1938	12.46	8,240	8,535
4-PS 2-dr H.B. Coupe SE	T07	90.7	152.8" x 65.7" x 55.6"	1938	12.46	8,895	9,190
4-PS 4-dr H.B. Sedan	T06	93.9	155.9" x 65.7" x 55.6"	1986	12.46	8,855	9,150
Auto. Trans. 3-speed							
4-PS 2-dr H.B. Coupe	T05	90.7	152.8" x 65.7" x 55.6"	2000	12.46	8,820	9,115
4-PS 2-dr H.B. Coupe SE	T07	90.7	152.8" x 65.7" x 55.6"	2000	12.46	9,475	9,770
4-PS 4-dr H.B. Sedan	T06	93.9	155.9" x 65.7" x 55.6"	2048	12.46	9,435	9,730
Options Aspire: Destination Charges-\$295; Air Conditioning(572)-\$825; Anti-Lock Braking System(552)-\$565; Convenience Group(417)-\$160; Rear Window Defroster(57Q)-\$160; Interior Decor & Convenience Group(414)-\$265; AM/FM Stereo w/Clock(587)-\$300 w/Cassette(589)-\$465 w/CD(582)-\$740; Rear Window Washer/Wiper(173)-\$130; Power Steering(52H)-\$250							

1994 MUSTANG RWD 6V cyl 3.8 liter EPFI OHV Gas Engine(994)(12 valve)

Bore & Stroke 3.81"x3.4"; Tax H.P. 38.4; SAE H.P. 145@4000; Torque 215@2500; 232 cu.in., 3.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 20/30							
4-PS 2-dr Coupe	63BJ	101.3"	181.5" x 71.8" x 52.9"	2940	38.4	13,365	13,840
4-PS 2-dr Convertible	76BH	101.3"	181.5" x 71.8" x 53.0"	3120	38.4	20,160	20,635
Auto. Trans. 4-speed							
4-PS 2-dr Coupe	63BJ	101.3"	181.5" x 71.8" x 52.9"	2999	38.4	14,155	14,630
4-PS 2-dr Convertible	76BH	101.3"	181.5" x 71.8" x 53.0"	3177	38.4	20,950	21,425

1994 MUSTANG RWD 8 cyl 5.0 liter EPFI OHV Gas Engine(99T)(16 valve)

Bore & Stroke 4.0"x3.0; Tax H.P. 51.2; SAE H.P. 215@4200; Torque 285@3400; 302 cu.in. 5.0 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 17/25							
4-PS 2-dr Coupe GT	63BJ	101.3"	181.5" x 71.8" x 53.4"	3148	51.2	17,280	17,755
4-PS 2-dr GT Convertible	76BH	101.3"	181.5" x 71.8" x 53.3"	3324	51.2	21,970	22,445
Auto. Trans. 4-speed							
4-PS 2-dr Coupe GT	63BJ	101.3"	181.5" x 71.8" x 53.4"	3228	51.2	18,070	18,545
4-PS 2-dr GT Convertible	76BH	101.3"	181.5" x 71.8" x 53.3"	3403	51.2	22,760	23,235

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

- (36) Noncollision injury
(38) Other noncollision (specify):

- (39) Noncollision — details unknown**

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

+

=

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

+

=

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

NASS CDS GENERAL VEHICLE FORM: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

mph X 1.6093 = kmph

13. Police Reported Alcohol Presence For Driver
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For Driver
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 3
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1
(1) Level
(2) Uphill grade (>2%)
(3) Hill crest
(4) Downhill grade (>2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

PER
Photos

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 1

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 1

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify):
NO PASSING ZONE

- (6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving** 01
(Prior To Recognition Of Critical Event)

- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

31. Pre-Event Movement 11
(Prior to Recognition of Critical Event)

- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event 15**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 68

(Note: Applicable codes on back of this page)

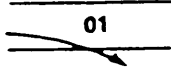
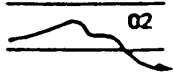
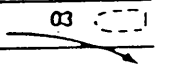
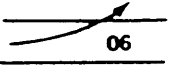
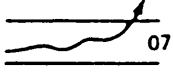
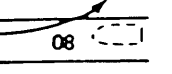
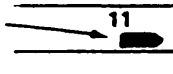

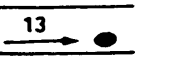
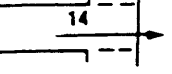
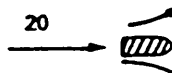
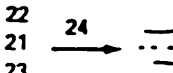
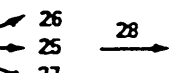
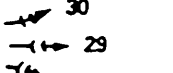
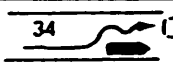
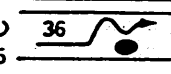
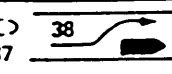
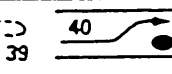
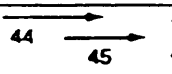
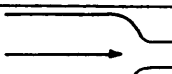
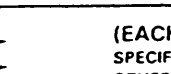

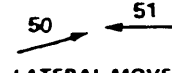
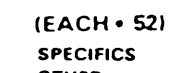

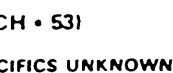
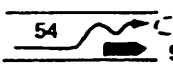
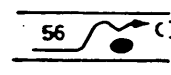
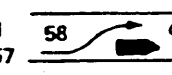
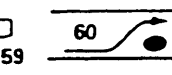
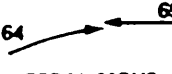
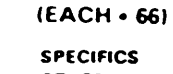

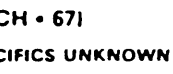
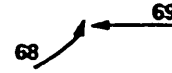
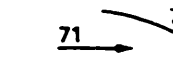
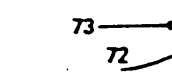

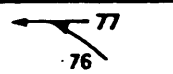

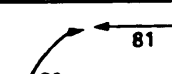
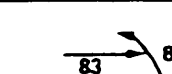
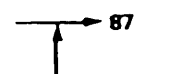
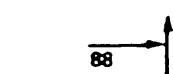

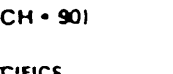
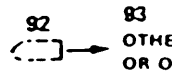



(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 24 DECCEL. 28, 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 AVOID COLLISION WITH VEH.	 49 AVOID COLLISION WITH OBJECT	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	 52 AVOID COLLISION WITH VEH.	 53 AVOID COLLISION WITH OBJECT	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	 68 AVOID COLLISION WITH VEH.	 70 AVOID COLLISION WITH OBJECT	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 AVOID COLLISION WITH VEH.	 75 AVOID COLLISION WITH OBJECT	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 TURN INTO OPPOSITE DIRECTIONS	 83 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 STRAIGHT PATH	 88 STRAIGHT PATH	 90 AVOID COLLISION WITH VEH.	 91 AVOID COLLISION WITH OBJECT	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 OTHER ACCIDENT TYPE	 99 UNKNOWN ACCIDENT TYPE	00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle 03
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.150
Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
2544 lbs X .4536 = 1.154 kgs

Source: _____

44. Vehicle Cargo Weight 9.990
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
_____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted 00
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

- Underride (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 999
54. Heading Angle For Other Vehicle 999

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
(1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of Delta V Highest
+ 999
- 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than

-0.5 kmph and less than +0.5 kmph)

(+160) ±159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V Highest
+ 999
- 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)

(+160) ±159.5 kmph and above

(_999) Unknown

62. Energy Absorption Highest
999.9 00 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed Highest
999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) 0

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest
999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

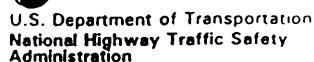
ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) 7</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection 0</p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p>
	DELTA V EVENT NUMBER
	<p>68. Delta V Event Number 1</p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration		CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9610</u>		

VIN 1FTCR10S1EU _____ Model Year 84
Vehicle Make (specify): Ford Vehicle Model (specify): Range 1600
4-Door

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Right rear	N/A	Vehicle
2	Left rear		Impaction

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 107.9 inches x 2.54 = 274.1 cm
 Overall Length 175.6 inches x 2.54 = 446.0 cm
 Maximum Width _____ inches x 2.54 = _____ cm
 Curb Weight 2,544 pounds x 0.4536 = 1,154.0 kg
 Average Track _____ inches x 2.54 = _____ cm
 Front Overhang 28.3 inches x 2.54 = 71.9 cm
 Rear Overhang 39.4 inches x 2.54 = 100.1 cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/displ. _____ cc x 0.001 = 2.8 L
 2.8L V6 171 CID x 0.0164 = 2.8 L

Branham's Shipping Weight 2,451
100

2,551

Curb Weight per
Gas Truck Index

2,544

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}		Color: {specify}	Repair Cost: \$
Transmission: {circle} Automatic Manual		Speed: 3-speed 4-speed 5-speed Other:	
Steering: {circle} Power-assisted Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:		Recirculating ball gear	
Brakes: {circle} Power-assisted Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic	
		front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE
 a. Rotation physically restricted
 b. Tire deflated

RF _____
 LF _____
 RR _____
 LR _____

RF _____
 LF _____
 RR _____
 LR _____

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION
☒ Manual ☐ Automatic

END SHIFT \geq 10 CM
☐ Yes ☐ No

ORIGINAL SPECIFICATIONS

Wheelbase 274 cm
 Overall Length 446 cm
 Maximum Width _____ cm
 Curb Weight 1154 kg
 Average Track _____ cm
 Front Overhang 72 cm
 Rear Overhang 100 cm
 Undeformed End Width _____ cm
 Engine Size: cyl./displ. V-6 2.8 L

WHEEL STEER ANGLES
 (For locked front wheels or displaced rear axles only)

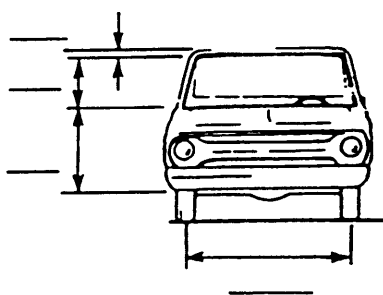
RF \pm _____ $^{\circ}$
 LF \pm _____ $^{\circ}$
 RR \pm _____ $^{\circ}$
 LR \pm _____ $^{\circ}$

Within \pm 5 degrees

DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WD

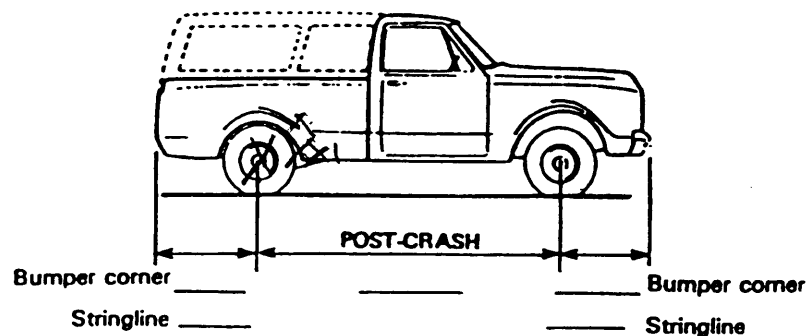
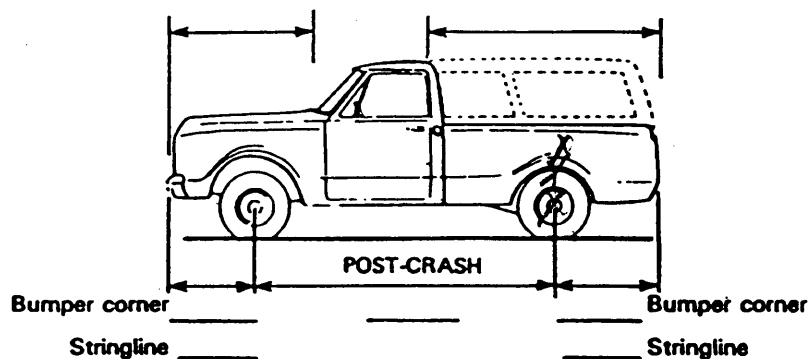
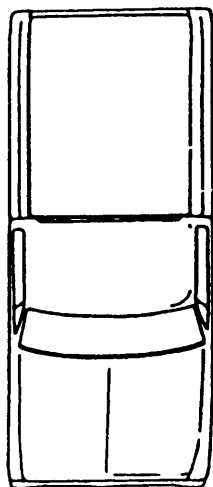
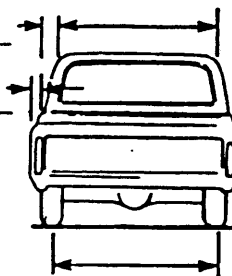
Approximate Cargo Weight _____ kg



MEASUREMENTS IN CENTIMETERS

*No Inspection,
Photographs Only*

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK

DODGE Division, Chrysler Corp.,

Model	No. Cyl.	Bore & Stroke	Tax. H.P.	Ton Rating	Type of Body	Shipping Weight	Max. G.V.W.	Ret.	Fact. Price
1986									
B350 Wagon: V8—318 8-Cyl. 2-bbl. Gas Eng. (ELA) 3-Spd. Auto. Trans., 1-Ton Rating									
B3L52	8	4.00x3.58	51.20	7,500	Wagon	4,361	128"	L	\$12,650
B3L53	8		51.20	7,500	Maxi-Wagon	4,690	128"	L	13,625
ZWB	8			8,510	Wagon	NA	128"	L	13,385
ZWB	8			8,510	Maxi-Wagon	NA	128"	L	14,024

DODGE Optional Equipment: Engine: 360 8-Cyl. 4-bbl. Gas (EMC), \$261.00; Air Conditioning, \$900.00; Emission Control System, B150, B250, \$235.00; Radio AM/FM Stereo (ET), \$116.00; w/Cassette (ET), \$360.00; Speed Control, \$195.00; Tilt Steering Column, \$115.00.

Prospector Package

	I	II	III
B150, B250 Models	\$699	NA	NA
B350	755	NA	NA
B150, B250	NA	\$1615	NA
B350	NA	1671	NA
B150, B250	NA	NA	\$3258
B350	NA	NA	3314

FORD Motor Co.,

Model	No. Cyl.	Bore & Stroke	Tax. H.P.	Max. G.V.W.	Type of Body	Ship. Wgt.	W.B.	Ins. Wgt. Class	List Price
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1984**FORD LIGHT DUTY TRUCKS****RANGER (4x2) and (4x4) SERIES**

R10 Ranger—4x2 Pickup: Eng. 2.0 L., (122) 1-4 IV, Gas (99C) 19.8 Tax. H.P. (2.3 L. (140) 1-4 IV Std. In Calif.).

6100	4	3.52x3.13	19.8	3,780	S.S. Pickup	2,451	108"	L	\$6,453
610V				4,000	S.S. Pickup	2,451	108"	L	NA
6102				4,220	S.S. Pickup	2,451	108"	L	NA
6104				4,380	S.S. Pickup	2,451	108"	L	NA
610X				4,440	S.S. Pickup	2,451	108"	L	NA

R-10 Ranger—4x2—Pickup—Eng. 2.0 L. (122) 1-4 IV, Gas. Tax. H.P. 19.8

6101	4	3.52x3.13	19.8	3,800	S.S. Pickup	2,483	114"	L	\$6,612
610W				4,060	S.S. Pickup	2,483	114"	L	NA
6103				4,260	S.S. Pickup	2,483	114"	L	NA
6105				4,420	S.S. Pickup	2,483	114"	L	NA
610Y				4,500	S.S. Pickup	2,483	114"	L	NA

R12 Ranger—4x2—Chassis Cab—Eng. 2.3 L. (140) 1-4 IV, Gas. (99A) Tax. H.P. 22.8

6119	4	3.52x3.13	19.8	4,260	Chassis Cab	2,407	114"	L	\$6,582
611C				4,420	Ch/Cab	2,407	114"	L	NA
611D				4,880	Ch/Cab	2,407	114"	L	NA

R11 Ranger—4x4—Pickup—Eng. 2.3 L. (140) 1-4 IV, Gas. (99A) Tax. H.P. 22.8

612J	4	3.52x3.13	19.8	4,000	S.S. Pickup	2,677	108"	L	\$8,161
612L				4,420	S.S. Pickup	2,677	108"	L	NA
612K				4,040	S.S. Pickup	2,733	114"	L	8,320
612M				4,480	S.S. Pickup	2,733	114"	L	NA

1984 Ranger—Optional Equipment:—4 cyl. 140 CID (2.3 L.) Gas Engine Standard 4x4 or Chassis Cab Models \$111.50; 4 cyl. 2.2 L. 4 cyl. Diesel, 4x2 Pickups and 4x4 speed manual trans. or 445 5-speed manual O.D. trans. \$901.20. Air conditioning \$733.70. Power Brakes \$92.00. Trans. 5-spd. man. O.D. \$122.00; Selectshift Auto. \$528.50. Tinted Glass \$45.00; Radio, AM/FM Stereo \$98.80; Snow Plow Pkg. \$229.30; Speed Control \$185.00; Power Steering \$255.80; Tilt Steering Wheel \$110.00; Calif. Emissions System \$99.00.

1984 BRONCO II SERIES

4-Pass. Bronco II—(4x4) 2.8 L. (171 CID) (99S) Gas Engine

2140	6	3.66x2.70	32.1	3,940	4-Ps. or Cargo	3,073	94"	L	\$10,446
2141				4,160	4-Ps. or Cargo	3,073	94"	L	NA
2142				4,280	4-Ps. or Cargo	3,073	94"	L	NA
2143				4,500	4-Ps. or Cargo	3,073	94"	L	NA
Eddie Bauer Bronco II				4,500	4-Ps. or Cargo	3,239	94"	L	12,638

Optional Equipment—Bronco II—5-Speed Manual OD \$122.00; Selectshift Automatic \$528.50; Speed Control \$185.00; Tilt Steering Wheel \$110.00; Radio AM/FM Stereo \$118.80; Air Conditioning \$698.70; Snow Plow Pkg. \$229.30.

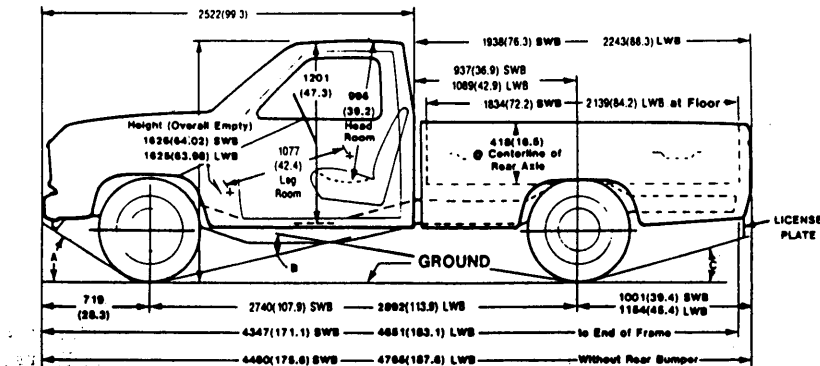
5-Pass. Bronco (4x4) (4.9 L.) (300 CID) 99Y Gas Engine

U150	6	4.00x3.98	38.4	5,350	4-Ps. or Cargo	4,138	105"	L	\$11,468
U151				5,950	4-Ps. or Cargo	4,138	105"	L	NA
U153				6,050	4-Ps. or Cargo	4,138	105"	L	NA
U154				6,300	4-Ps. or Cargo	4,138	105"	L	NA

Optional Equipment—Bronco—5.0 L. (302 CID) 2V 8-Cyl. Gas Engine \$365.90—5.8 L. (351 CID) 2V 8-Cyl. Gas Engine \$478.50—5.8 L. (351 CID) HO 4V 8-Cyl. Gas \$563.90; Trans. 4-Spd. Man. O.D. \$78.00; Selectshift Auto. \$540.70; Air Conditioning \$733.70; Power Door Locks/Windows \$310.00; Radio AM/FM Stereo \$124.90; Speed Control \$185.00; Tilt Steering Wheel \$110.00; Calif. Emissions Systems \$235.00.

FORD RANGER 4x2 PICKUP

GVW Ratings: 3,760-4,420 Lbs.



ENGINE: Standard: Ford 2.0L (122) I-4, 73 NHP @ 4000 (N/A Calif.)
 Optional: Ford 2.3L (140) I-4, 79 NHP @ 3800 (Man. trans)
 Ford 2.3L (140) I-4, 82 NHP @ 4200 (Auto trans)
 Ford 2.8L (171) V-6, 115 NHP @ 4600 RPM.

MODELS AVAILABLE: 108" wb. 6' box or 114" wb. 7' box 2-Passenger
 Standard, XL, XLT, or XLS Styleside Pickups.

GVW RATING	MINIMUM EQUIPMENT REQUIRED FOR GVW RATING
3,760	Standard (108" wb. only)
3,800	Standard (114" wb. only)
4,220	108" wb.; HD Payload Pkg. #2
4,260	114" wb.; HD Payload Pkg. #2
4,380	108" wb.; HD Payload Pkg. #3
4,420	114" wb.; HD Payload Pkg. #3

NOTE: HD Payload Pkg. #2 includes: Power brakes, 1,291 lb. r. springs each, 5.5" rims; requires P195/75R-14SL tires.

NOTE: HD Payload Pkg. #3 includes: Power brakes, 1,418.5 lb. r. springs each, 5.5" rims; requires P205/75 R-14SL tires.

CURB WEIGHTS & DIMENSIONS: (Std. equip., fuel, water, & oil)						
Model	WB	Front	Rear	Total	OAL	Payload
6' Pickup	107.9	1,534	1,010	2,544	175.6	1,235
7' Pickup	113.9	1,537	1,039	2,576	187.6	1,220

GENERAL SPECIFICATIONS

FRONT AXLE: Ford Twin I-beam with ball joint spindle, rated capacity 2,200 lbs.

FORD RANGER 4x2 PICKUP

REAR AXLE: Ford, Single reduction, semi-floating, hypoid gears, rated capacity 2,700 lb., ratio 3.08, 6.61" clearance. Optional: traction-Lok; 3.45, or 3.37 ratios.

SERVICE BRAKES: Dual hydraulic, Manual Self-adjusting, 10.28" dia. single piston floating caliper disc front, 34.4 sq. in. lining area; 9 x 1.75 drum rear, 48.18 sq. in. lining area. Optional: Power dual hydraulic with 7.87" dia. single diaphragm power booster.

PARKING BRAKE: Cable actuation of rear brakes, foot-operated.

CLUTCH: Single plate, dry disc, 9" diameter.

COOLING SYSTEM: 320 sq. in. frontal area radiator, 8-blade 14.00" dia. plastic fan.

DRIVE LINE: Tubular shafts, needle bearing universal joints.

ELECTRICAL SYSTEM: 12 volt, 45 amp. hr - 380 CCA battery, 40 amp. 600 watt alternator.

FRAME: 36,000 psi steel single channel, 5.79 x 2.22 x 0.126 side rails, 2.34 section modulus.

FUEL TANK: Midship mounted - 108 wb., 15.2 gallon; 114" wb., 17.0 gallon. Optional: 13 gallon aft of axle auxiliary tank.

STEERING: Manual, recirculating ball gear, 23.75 ratio. Opt.: Power steering w/17.0 ratio; tilt steering wheel.

SUSPENSION: Front - Computer selected coil springs, 3.5" dia., capacity at pad/ground 1,103/917.5 lbs. each. Rear - Semi elliptic, two-stage, variable rate, 4-leaf, capacity at pad/ground 872/1,005 lbs. each. Optional: Front - 1,154/955, 1,205/992.5, or 1,257/1,030 lbs. each coil springs. Rear - 927/1086, 1,125/1,291, or 1,250/1,418.5 lbs. each leaf springs.

TRANSMISSION: Toyo Kogyo, 4-speed direct fully synchronized, ratios 3.96, 2.08, 1.39, 1.00, reverse 3.39. Optional: Ford 3-sp. C3 Selectshift Automatic (N/A w/2.0L eng.); Toyo Kogyo 5-sp. manual with O.D.

WHEELS AND TIRES: P185/75R-14SL front, and single rear tubeless tires on 14 x 5" JJ Rims, 5-hole disc wheels. P185/80D-14SL spare tire mtd. underframe at rear. Optional tire sizes available.

STANDARD EQUIPMENT: 99.3" BBC standard cab; Dry type air cleaner; thermo controlled air intake; Automatic choke; 25mm Front and Rear shock absorbers; spare tire carrier; bright front bumper; heater and defroster; bench seat; 2-speed electric windshield wipers and washers; Mechanical jack; Emission control system.

OPTIONAL EQUIPMENT: HD Payload Package #2 or #3; air conditioning; increased electrical and cooling systems; Appearance Protection group; 8-hole cast aluminum wheels; chromed front bumper; Handling pkg.; rear step bumper; XL, XLT, or XLS trim packages; Camper pkg.; Convenience group; Trailer towing Pkg. (includes HD fr. and r. shocks); Bucket seats; Calif. emission control system (N/A w/2.0L eng.).

FORD

GASOLINE TRUCK INDEX

GASOLINE TRUCK INDEX

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

- (36) Noncollision injury
(38) Other noncollision (specify):

- (39) Noncollision – details unknown**

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>03</u>	7. <u>R</u>	8. <u>B</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>53</u>	14. <u>09</u>	15. <u>L</u>	16. <u>B</u>	17. <u>E</u>	18. <u>N</u>	19. <u>02</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
							+
							=

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
							+
							=

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

27. Direct Damage Width

(For highest severity impact)

Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

28. Original Wheelbase

Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width

Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 96 10
3. Vehicle Number 01

Interviewee(s) Role or Name(s):
DRIVER
Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

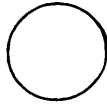
I was N., a truck turned in front of me I hit the brakes and put my (R) arm out to hold Granddaughter back then we hit

I don't remember much else

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input checked="" type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <u>SPEED LIMIT</u> <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 ⁴⁰ <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input checked="" type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left <u>CURVC RIGHT</u>
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 ³⁰ <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify):
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>94</u> Make: <u>Ford</u> Model: <u>Aspire</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>MINOR DAM. to SIDE fender</u> <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center;"><u>cracked post-crash</u></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between; font-size: small;"> "O" = open "C" = Closed </div> <div style="display: flex; justify-content: space-between; font-size: small;"> "P" = partially open "U" = Unknown </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ <u>Not Applicable</u> Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>4</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>5000</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT #
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'6" WEIGHT: 165 AGE: 6 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: UNK WEIGHT: 40 AGE: 4	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input checked="" type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above A unk which	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed (A)	Indicate all letters that apply and further describe as needed unknown K	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown																																																	
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown																																																	
<p>Did this vehicle have a cellular phone in it during the crash? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe type: _____ (e.g., portable, mounted in vehicle, flip phone, etc.) <input type="checkbox"/> Unknown</p> <p>(Note to researcher: try to determine any driver distractions without implying fault)</p>																																																			
<p>Was the driver doing any of the following? (check all that apply - and specify)</p> <p> <input type="checkbox"/> Talking to or listening to another occupant (specify): <input type="checkbox"/> Was there a moving object in vehicle (specify): <input type="checkbox"/> Talking or listening on a cellular phone (specify): <input type="checkbox"/> Dialing a cellular phone (specify): <input type="checkbox"/> Adjusting climate control (specify): <input type="checkbox"/> Adjusting radio, CD or cassette player (specify): <input type="checkbox"/> Using other device or object in vehicle (specify): <input type="checkbox"/> Sleepy / asleep (specify): <input type="checkbox"/> Distracted by outside person, object, or event (specify): <input type="checkbox"/> Eating or drinking (specify): <input type="checkbox"/> Smoking related (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown </p>																																																			

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2 - point automatic belt)</i>	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3 - point automatic belt)</i>	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

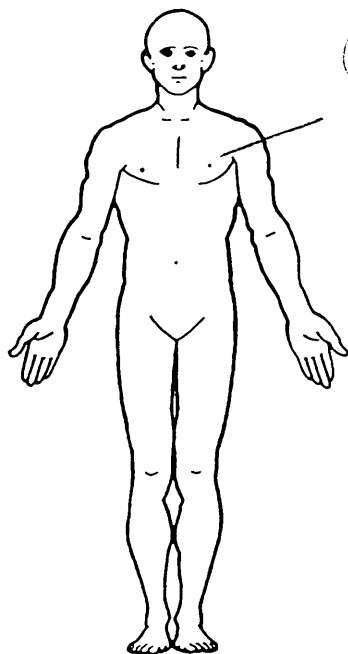
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

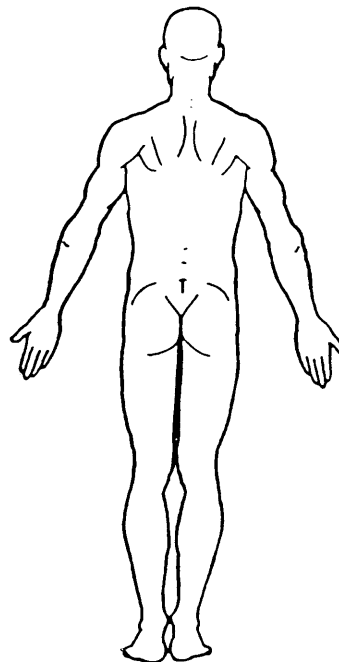
- *If not an in-person interview, make appointment to have release signed*

PSU Number 10Case Number—Stratum 9610Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

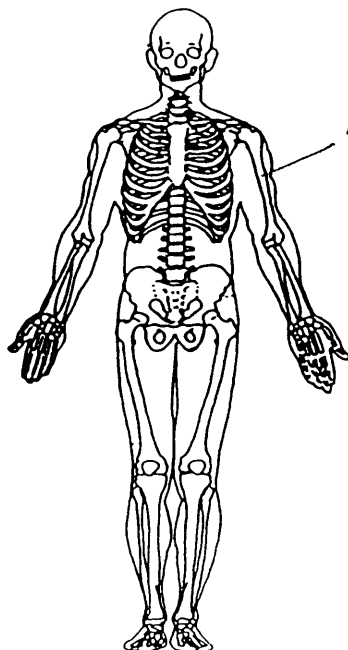
SOFT TISSUE/INTERNAL INJURIES



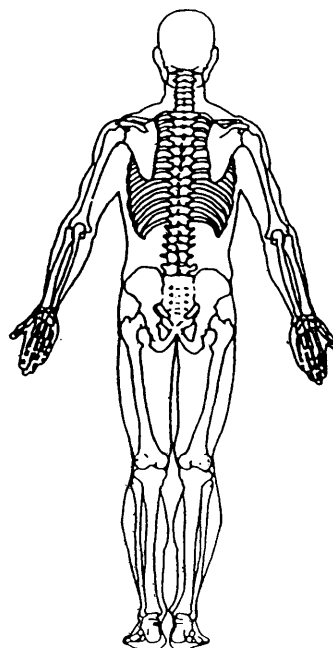
Ⓛ
chest
Bruised
unk



SKELETAL INJURIES



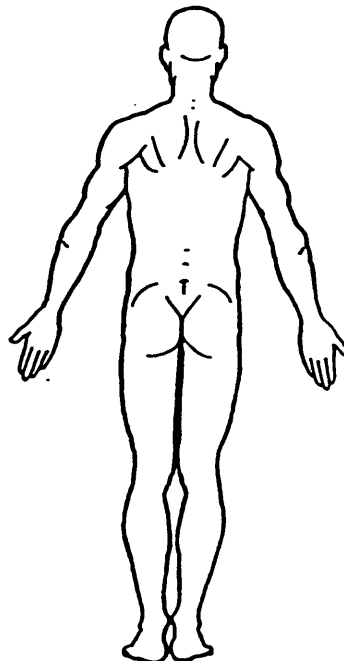
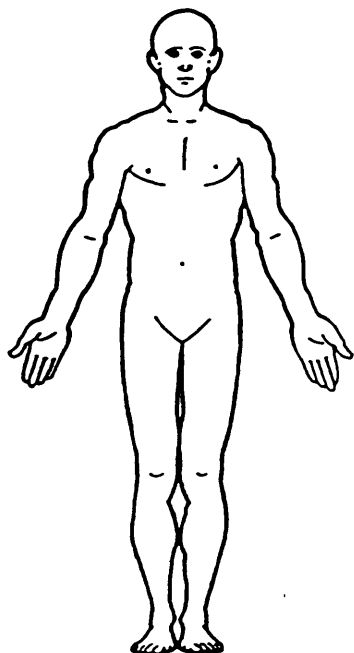
Fx Ⓛ
upper
ARM



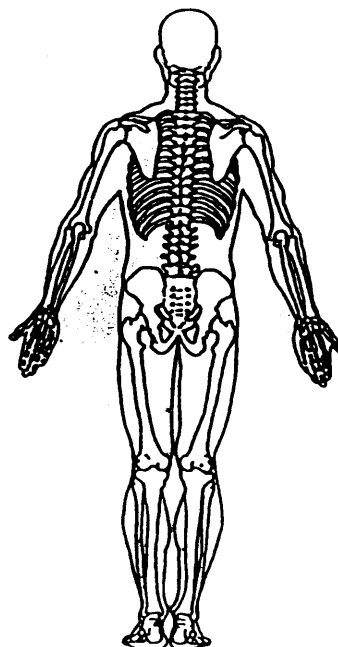
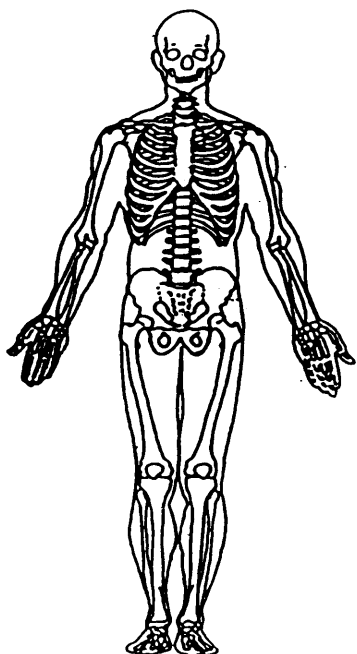
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9610 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver

SOFT TISSUE/INTERNAL INJURIES

*Don't
Remember*

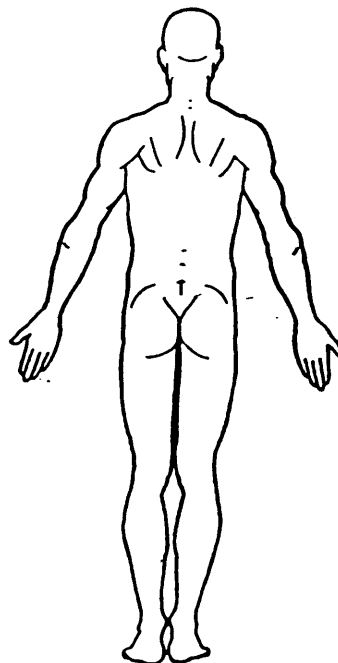
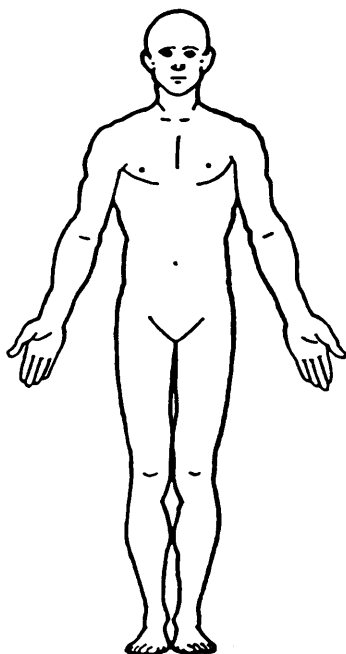
SKELETAL INJURIES



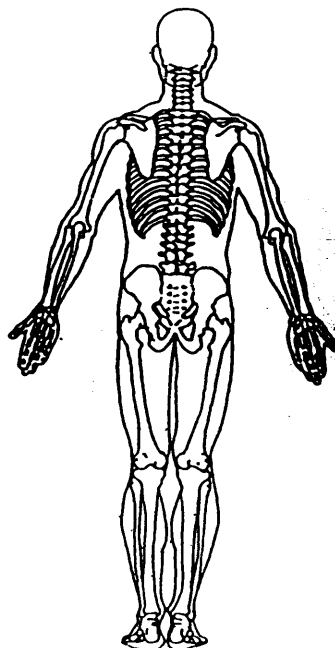
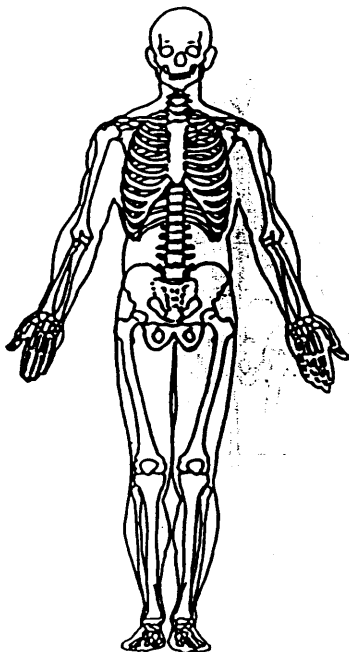
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96Vehicle Number Occupant Number **INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

**NASS CDS INTERVIEW FORM:
ATTORNEY FOR VEHICLE #2'S DRIVER**



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s):

2. Case Number - Stratum 9610

Attorney for DRIVER

3. Vehicle Number 02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

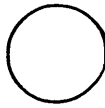
He was traveling S/B saw other car
He had already completed turn the
other car swerved off (R) side of
ROAD hit him on (R) pushed him into
Island/sign w/ (L) side
(Attorney Per Vi Deposition) -
Grandmother tried to hold child as she
rounded curve & hitting brakes to avoid p/u truck
while leaning to (R) to hold child car veered to
(R) into p/u truck as it completed its turn
(Dyer)
IMPACT Knocked heavy piece of equip off
his truck

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Per Attorney.
Vi child not in seatbelt - child was standing
or kneeling. Child went over top of AIRbag
at impact.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	She hit him he rotated and hit concrete Island / sign

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>84</u> Make: <u>FORD</u> Model: <u>RANGER</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No [] Unknown <input checked="" type="checkbox"/> Yes - describe: <u>DRYER</u> Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input checked="" type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ <u>Not Applicable</u> Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>REPAIRMAN</u> ^{independant}
How long have you driven this vehicle?	Years: <u>6-8</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>UNK</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (<u>shop</u>) <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Drop off</u>

DRY ~~work~~
customer

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FM	FR
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7"</u> WEIGHT: <u>160</u> AGE: <u>45</u> DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'2"</u> WEIGHT: <u>110</u> AGE: <u>17</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'11"</u> WEIGHT: <u>170</u> AGE: <u>18</u>
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed A N	Indicate all letters that apply and further describe as needed A N

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined																																																		
<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright																																																		
<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
<u>PRE</u>	<u>POST</u>																																																		
<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable																																																		
<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright																																																		
<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined																																																		
<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined																																																		
<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright																																																		
<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
<u>PRE</u>	<u>POST</u>																																																		
<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable																																																		
<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright																																																		
<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined																																																		
<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined																																																		
<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright																																																		
<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Full down																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Full forward																																																
<p>Did this vehicle have a cellular phone in it during the crash?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe type: _____ (e.g., portable, mounted in vehicle, flip phone, etc.)</p> <p><input type="checkbox"/> Unknown</p> <p>(Note to researcher: try to determine any driver distractions without implying fault)</p>																																																			
<p>Was the driver doing any of the following? (check all that apply - and specify)</p> <p><input type="checkbox"/> Talking to or listening to another occupant (specify):</p> <p><input type="checkbox"/> Was there a moving object in vehicle (specify):</p> <p><input type="checkbox"/> Talking or listening on a cellular phone (specify):</p> <p><input type="checkbox"/> Dialing a cellular phone (specify):</p> <p><input type="checkbox"/> Adjusting climate control (specify):</p> <p><input type="checkbox"/> Adjusting radio, CD or cassette player (specify):</p> <p><input type="checkbox"/> Using other device or object in vehicle (specify):</p> <p><input type="checkbox"/> Sleepy / asleep (specify):</p> <p><input type="checkbox"/> Distracted by outside person, object, or event (specify):</p> <p><input type="checkbox"/> Eating or drinking (specify):</p> <p><input type="checkbox"/> Smoking related (specify):</p> <p><input type="checkbox"/> Other (specify):</p> <p><input type="checkbox"/> Unknown</p>																																																			

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

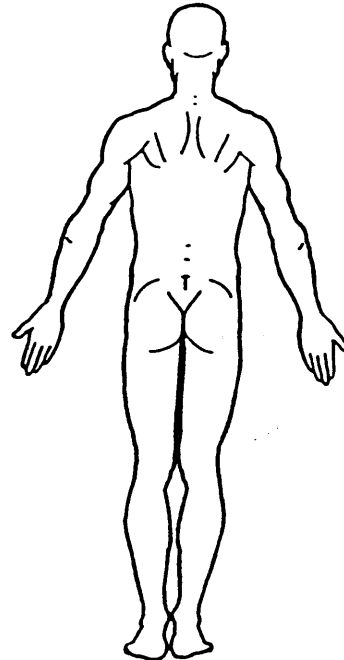
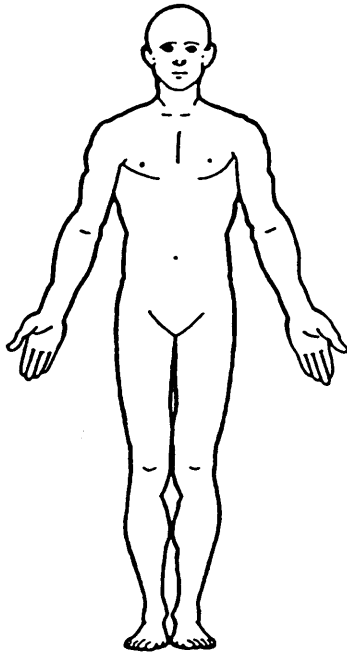
Describe any additional information here:

INJURY INFORMATION

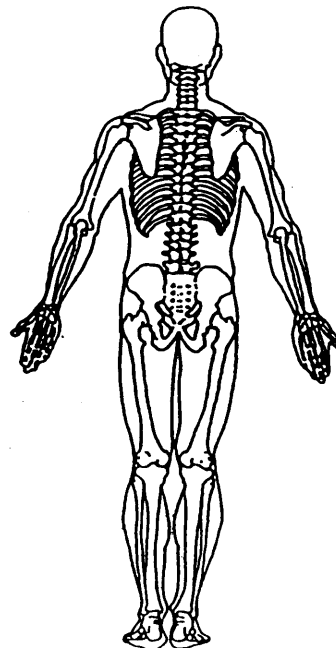
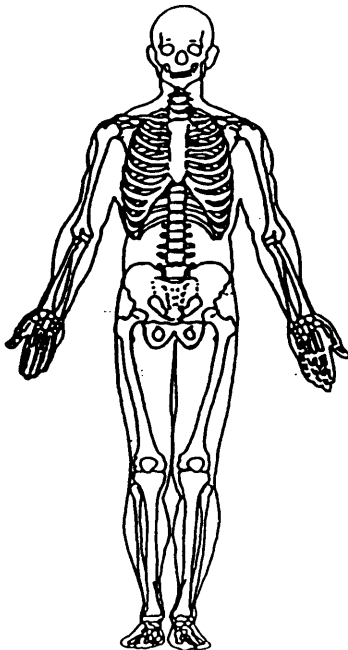
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input checked="" type="checkbox"/> Treated by self <input checked="" type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9610Vehicle Number 02Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Attorney

SOFT TISSUE/INTERNAL INJURIES



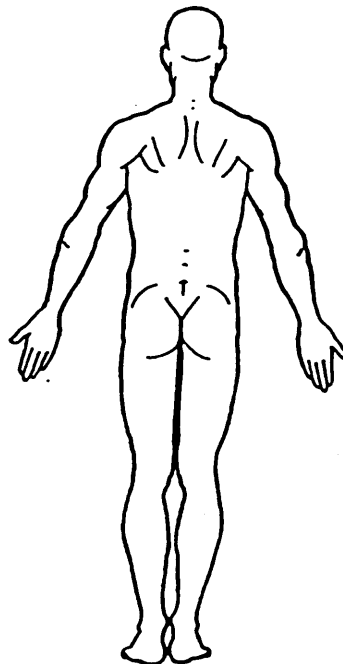
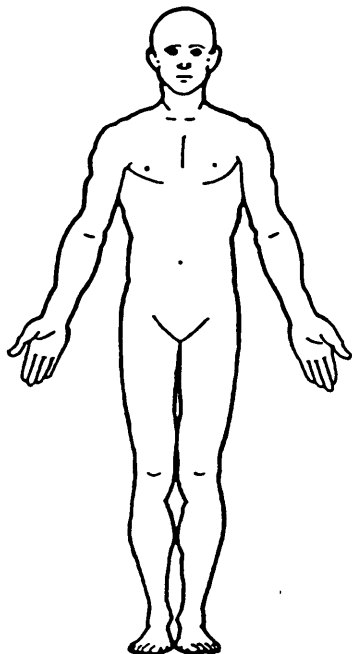
SKELETAL INJURIES



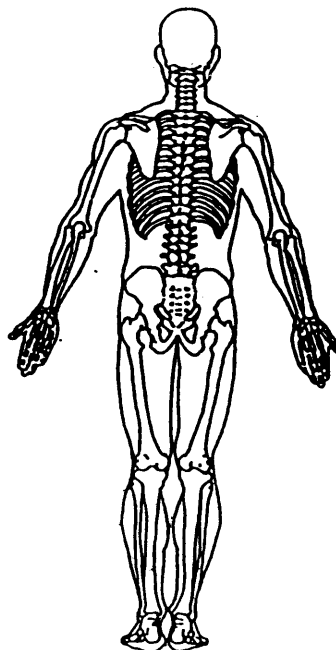
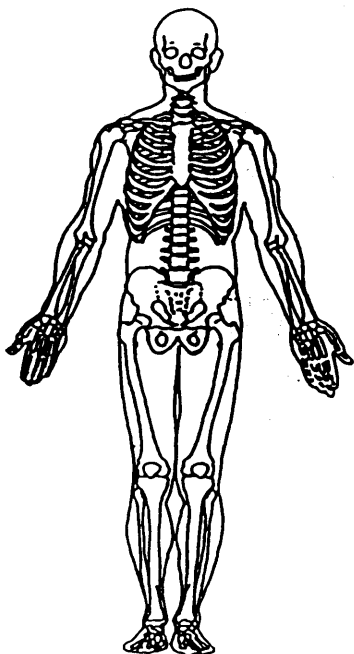
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96Vehicle Number 02Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Attorney

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES

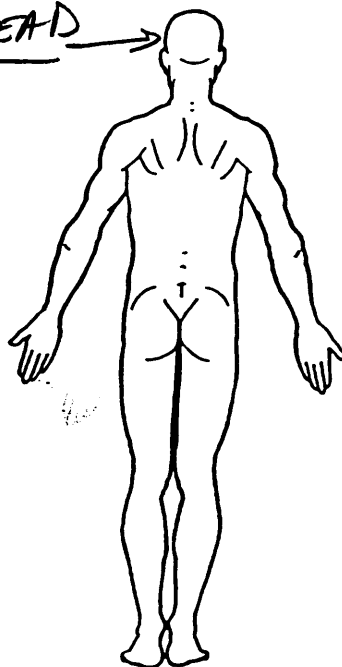
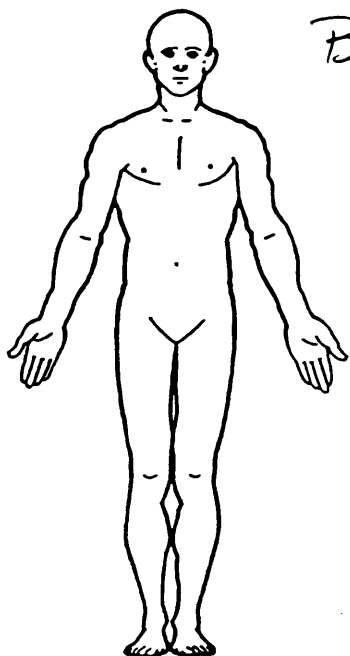


The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

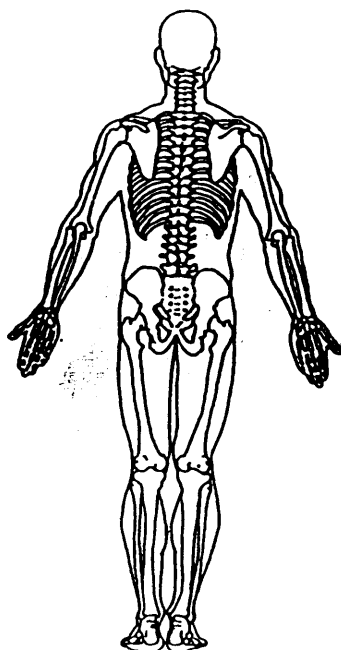
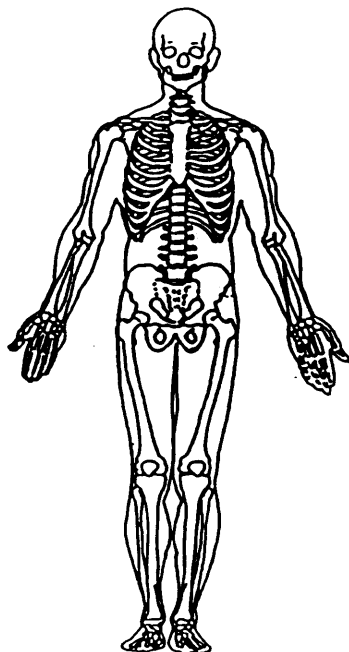
PSU Number 10Case Number—Stratum 9610Vehicle Number 02Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Attorney

SOFT TISSUE/INTERNAL INJURIES

Bump to HEAD →
A PILLAR



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9610

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 56

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest centimeter.

(999) Unknown

66 inches X 2.54 = 167.6 centimeters

8. Occupant's Weight 075

Code actual weight to the nearest kilogram.

(999) Unknown

165 pounds X .4536 = 74.8 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

leaning to (R) trying to

(9) Unknown

hold back
Granddaughter

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.

(specify): _____

- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 00
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 0
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 0
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown
22. Manual Shoulder Belt Upper Anchorage Adjustment 9
- (0) No manual shoulder belt
 - (1) No upper anchorage adjustment for manual shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 0
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 0
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Vehicle inspection
☒ Official injury data
☒ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function
 (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 1

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 1

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify):

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 96

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

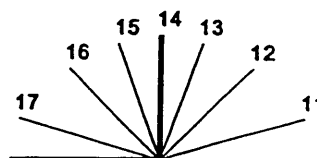
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track *Per Interviewee*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

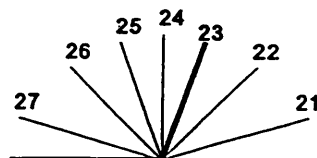
Upright prior to impact Per Interviewee

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position



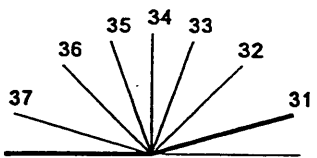
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position



Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 02

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.

(61) 61 days or more

(99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident

(00) No working days lost

(61) 61 days or more

(62) Fatally injured

(97) Not working prior to accident

(99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown

70. Number of Recorded Injuries for This Occupant 06
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 29
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 3
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9610

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Fx ① lateral epicondyle 1st of humerus	5. <u>3</u>	6. <u>7</u>	7. <u>5</u>	8. <u>26</u>	9. <u>02</u>	10. <u>2</u>	11. <u>2</u>	12. <u>058</u>	13. <u>3</u>	14. <u>1</u>	15. <u>99</u>
Fx ① 5th metacarpal 2nd	16. <u>2</u>	17. <u>7</u>	18. <u>5</u>	19. <u>20</u>	20. <u>02</u>	21. <u>2</u>	22. <u>2</u>	23. <u>010</u>	24. <u>2</u>	25. <u>1</u>	26. <u>99</u>
Fx ① 4th proximal 3rd phalanx	27. <u>2</u>	28. <u>7</u>	29. <u>5</u>	30. <u>24</u>	31. <u>04</u>	32. <u>1</u>	33. <u>2</u>	34. <u>010</u>	35. <u>2</u>	36. <u>1</u>	37. <u>99</u>
Contusion ① chest wall	38. <u>2</u>	39. <u>3</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>170</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
Abrasions ① hand + forearm	49. <u>3</u>	50. <u>7</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>170</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
Contusion ① dorsal forearm	60. <u>2</u>	61. <u>7</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

[illegible]

BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

☒ No

☐ Yes

(ET, EN, ED)

Blood Alcohol Level

(mg/dl) 1.0 (ED)

BAL =

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =

• Unrestrained driver of car
(ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• c/o slight chest pain, tenderness, ① chest wall
(ET, EN, ED)

• subcutaneous edema
① anterior chest wall
(ED)

• c/o pain ② arm + hand (ET)

② forearm swelling, ecchymosis, no deformity
(ED)

① hand edematous + swollen

• c/o ① forearm pain
(ED)

ETOH odor test ordered
(ED, ER)

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect	
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right	
(2) Face			(2) Left	
(3) Neck			(3) Bilateral	
(4) Thorax			(4) Central	
(5) Abdomen	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior	
(6) Spine			(6) Posterior	
(7) Upper Extremity			(7) Superior	
(8) Lower Extremity			(8) Inferior	
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown	
			(0) Whole region	
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale		
(1) Whole Area	(02) Skin - Abrasion			
(2) Vessels	(04) Skin - Contusion			
(3) Nerves	(06) Skin - Laceration			
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity		
(5) Skeletal (includes joints)	(10) Amputation			
(6) Head - LOC	(20) Burn			
(9) Skin	(30) Crush			
	(40) Degloving			
	(50) Injury - NFS			
	(90) Trauma, other than mechanical			
	<u>Head - LOC</u>			
	(02) Length of LOC			
	(04) Level			
	(06) of			
	(08) Consciousness			
	(10) Concussion			
	<u>Spine</u>			
	(02) Cervical			
	(04) Thoracic			
	(06) Lumbar			

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

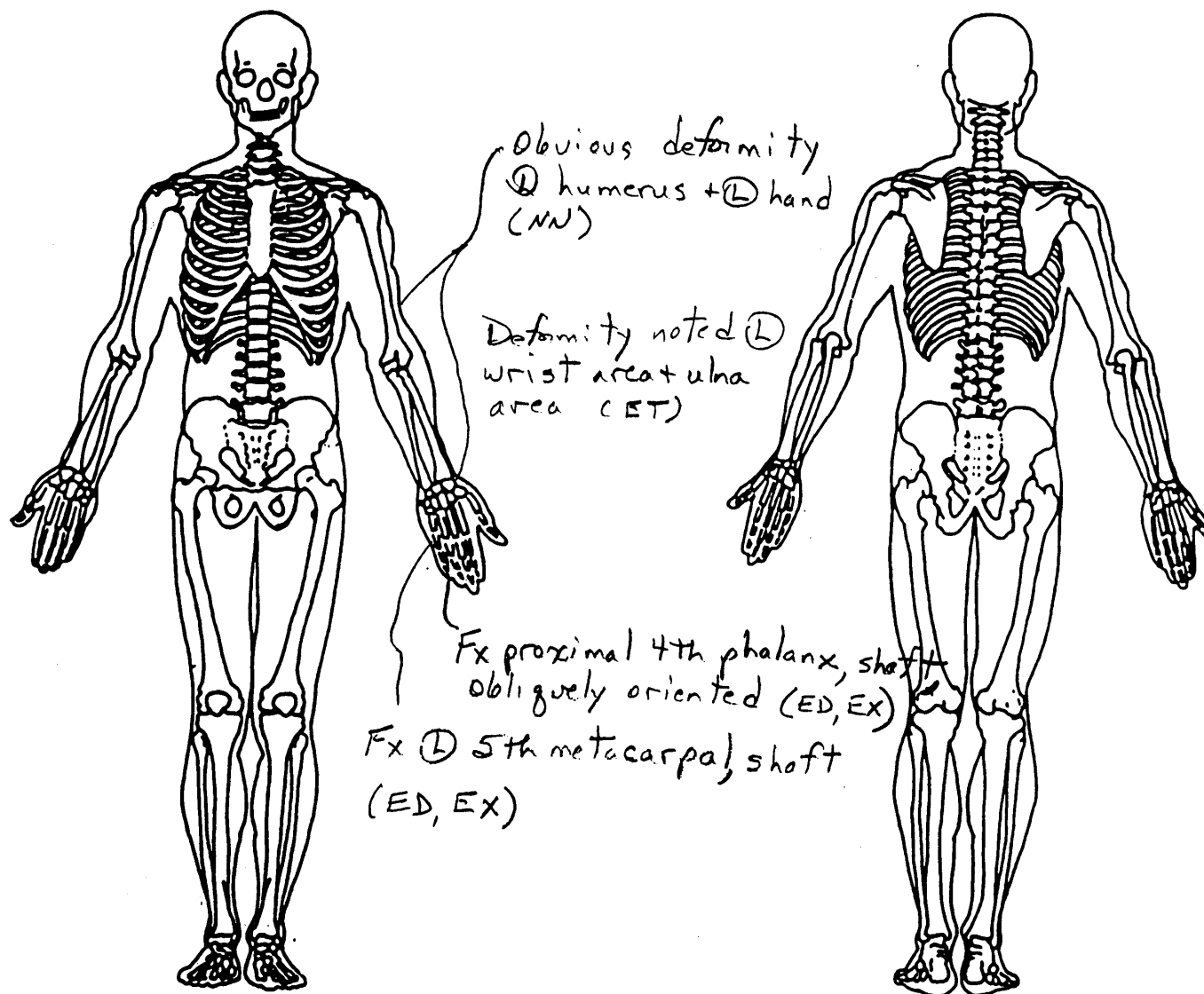
- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____

- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held

- (184) Air bag-passenger side and object in mouth

- (185) Air bag compartment cover-passenger side

- (186) Air bag compartment cover-passenger side and eyewear

- (187) Air bag compartment cover-passenger side and jewelry

- (188) Air bag compartment cover-passenger side and object held

- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____

- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____

- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

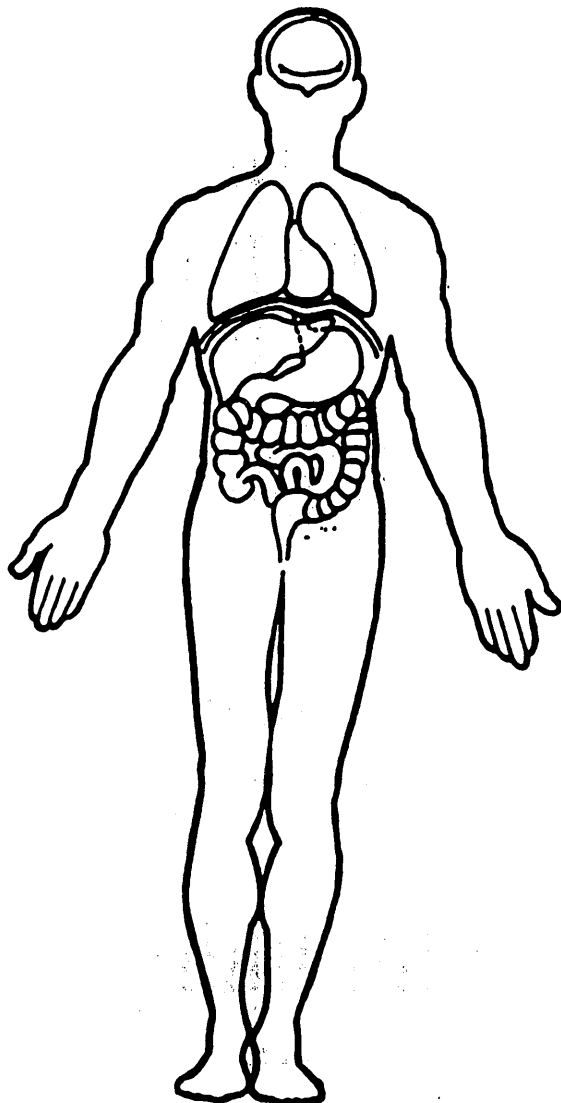
OFFICIAL INJURY DATA —INTERNAL INJURIES

• PT was very distraught
(ET)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• No LOC (ET)

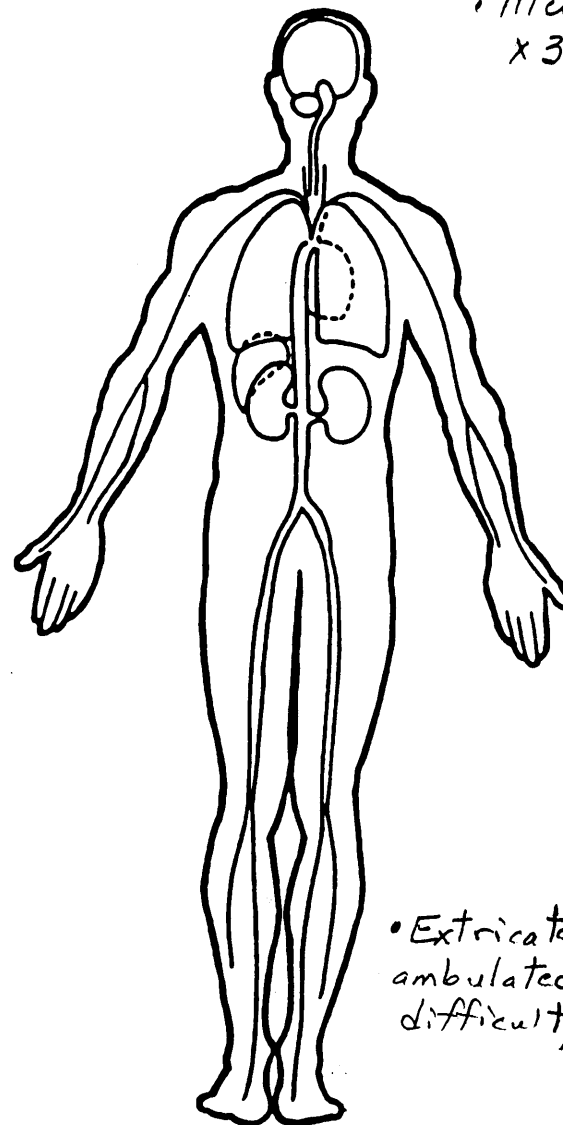
• Denies LOC
(ET, ED)



• PT was standing out of vehicle on arrival
(ET)

• Awake + oriented @ scene
(ET)

• Alert + Oriented
x3 (ER)



• Extricated self,
ambulated without
difficulty (ED)

CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

959.8 Injury, other, and unspecified location
825.25 Fracture metatarsal bone

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME or RATE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEMPS
Peripheral IV #1								
Peripheral IV #2								
External Jugular								
Internal Jugular								
Subclavian								
Intraosseous								

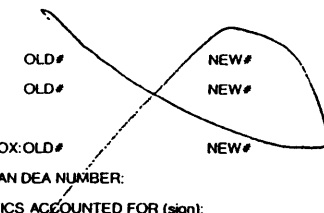
IV BOX: OLD# _____ NEW# _____

OLD# _____ NEW# _____

DRUG BOX: OLD# _____ NEW# _____

PHYSICIAN DEA NUMBER: _____

NARCOTICS ACCOUNTED FOR (sign): _____



DRUG	DOSE/ROUTE	TIME	INIT	DOSE/ROUTE	TIME	INIT	DRUG	DOSE/ROUTE	TIME	INIT	DOSE/ROUTE	TIME	INIT
Albuterol							13	Ipecac					
Alupent							14	Lasix					
Aminophylline							15	Lidocaine					
Atropine							16	Lidocaine					
Benadryl							17	Morphine					
Bretylium							18	Narcan					
Bronkosal							19	Nitroglycerine					
Demerol							20	Sodium Bicarbonate					
Dextrose 50%							21	Thiamine					
Dopamine							22	Valium					
Epinephrine 1:1000							23	Solu-Medrol					
Epinephrine 1:10000								Other					
Other								Other					

MVA TYPE		MVA IMPACT		RESTRAINTS		NO PATIENT		TRANSPORT		NON-TRANSPORT		METHOD OF CONTACT		
1 <input checked="" type="checkbox"/> Auto	2 <input checked="" type="checkbox"/> Motorcycle	3 <input checked="" type="checkbox"/> Truck	4 <input checked="" type="checkbox"/> Other	1 <input checked="" type="checkbox"/> None	2 <input checked="" type="checkbox"/> Lap	3 <input checked="" type="checkbox"/> Lap & Shoulder	4 <input checked="" type="checkbox"/> Child Car Seat	1 <input checked="" type="checkbox"/> From Scene	2 <input checked="" type="checkbox"/> Interfacility Transfer	1 <input checked="" type="checkbox"/> Patient Refusal	2 <input checked="" type="checkbox"/> No Illness or Injury	1 <input checked="" type="checkbox"/> COR-MED	2 <input checked="" type="checkbox"/> HEAR	BASE STATION CONTACTED Time: _____ PHYSICIAN
5 <input checked="" type="checkbox"/> Pedestrian	6 <input checked="" type="checkbox"/> Bicycle	7 <input checked="" type="checkbox"/> ATV	8 <input checked="" type="checkbox"/> Ejected	5 <input checked="" type="checkbox"/> Undetermined	6 <input checked="" type="checkbox"/> Single Vehicle	7 <input checked="" type="checkbox"/> Multiple Vehicle	8 <input checked="" type="checkbox"/> Overturned Vehicle	3 <input checked="" type="checkbox"/> Level of Care	4 <input checked="" type="checkbox"/> ALS	3 <input checked="" type="checkbox"/> DDA	4 <input checked="" type="checkbox"/> Treated - Transferred to Hospital	3 <input checked="" type="checkbox"/> Cellular	4 <input checked="" type="checkbox"/> Direct	
LOCATION IN VEHICLE		LOCATION IN VEHICLE		LOCATION IN VEHICLE		LOCATION IN VEHICLE		Pulse on Arrival at Destination		Pulse on Arrival at Destination		Pulse on Arrival at Destination		
2 <input checked="" type="checkbox"/> FR LEFT		3 <input checked="" type="checkbox"/> FR RIGHT		4 <input checked="" type="checkbox"/> FR LEFT		5 <input checked="" type="checkbox"/> FR RIGHT		6 <input checked="" type="checkbox"/> Stand By		7 <input checked="" type="checkbox"/> Yes		8 <input checked="" type="checkbox"/> No		
4 <input checked="" type="checkbox"/> FR LEFT		5 <input checked="" type="checkbox"/> FR RIGHT		6 <input checked="" type="checkbox"/> Trapped Pinned-Time:		7 <input checked="" type="checkbox"/> Trapped Pinned-Time:		8 <input checked="" type="checkbox"/> Public Service		9 <input checked="" type="checkbox"/> PDV		10 <input checked="" type="checkbox"/> Other		

Patient signature: _____		Witness: _____		Witness: _____		L	
UC	(print) _____	INIT	Cert# _____	Sign	_____		
ATTENDANT	(print) _____	INIT	Cert# _____	Sign:	_____		
ATTENDANT	(print) _____	INIT	Cert# _____	Sign:	_____		
OPERATOR	(print) _____	INIT	Cert# _____	Sign	_____		

COPIES TO: WHITE - AGENCY • PINK - PATIENT'S CHART • YELLOW - DATA ENTRY • GOLDENROD - PHARMACY

HEALTH DEPARTMENT FORM

Invoice # _____ Incident in CITY ☐ COUNTY ☒ of:

Agency _____ Unit _____ Agency # _____

Pt. Location: _____

Location ID: _____

Receiving Hospital: _____

PATIENT

NAME: _____

Address _____

City/St: _____

Spouse _____

Office Address _____

Medicare # _____

Medicaid # _____

Resource # _____

Hx: ☐ Diabetes ☐ Heart Disease ☐ High BP ☐ Stroke ☐ COPD ☐ Psych ☐ Seizure ☐ TerminalAllergies: NONEMeds: NONE

Patient's Physician _____

Other Units _____

Fire _____

Law Officer _____

m m d d y y
TIMES (24 hour format)

H H M M

1	3	2	0
1	3	2	0
1	3	3	0
1	4	4	0
1	4	5	7
1	5	3	4

INCIDENT OCCURRE

CALL REC. BY AGENT

UNIT ENROUTE

ARRIVE/SCENE

LEAVE SCENE

ARRIVE/DESTINATION

LEAVE DESTINATION

TIME IN SERVICE

65905 END Mileage
65862 START Mileage

Total Mileage

This space is for your agency's use:

No LOC

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATION <input type="checkbox"/> assisted	PULSE	BP	SKIN	PUPILS	SCORES	CARDIAC RHYTHM
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 40 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST	12/112	1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 20 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST	12/88	1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST		1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST		1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST		1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate 1 Normal 2 Labored 3 Shallow 4 Wheezing	Clear L.R. 1 Reg. 2 Irreg. 3 MAST		1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Dil 5 Con 6 Unreactive	GCS Trauma CRAMS APGAR	wait/sec:

TYPE OF CALL	MEDICAL COMPLAINT	SITE OF INJURY	L TRAUMA TYPE #	R TRAUMA TYPE #	TRAUMA TYPE #
Accident/Farm	1 Abdominal Distress	Abdomen, lower			1 Abrasion
Accident/Home	2 Anaphylaxis	Abdomen, upper			2 Amputation
Accident/Industrial	3 Asthma	Ankle			3 Bleeding/SEVERE
Accident/Marine	4 Cardiac	Arm, lower			4 Bleeding/Moderate
Accident/MVA	5 Cardiac Arrest	Arm, upper			5 Bleeding/MINOR
Accident/Sports	6 Choking	Back, lower			6 Blunt Trauma
Assault	7 Cold Exposure	Back, upper			7 Burn/Chemical
Blitz/Sting	8 Coma/Unconscious	Buttocks			8 Burn/Electrical
Distressed Newborn	9 Communicable Disease	Chest			9 Burn/Thermal
DOA	10 COPD	Ear			10 Contusion
Drowning	11 Diabetic Reaction	Eye			11 Crush Injury
Fail	12 Difficulty Breathing	Face			12 Electrocutation
Fire	13 Dizziness	Finger(s)			13 Flail Chest
Gunshot Wound	14 Drug Reaction	Foot			14 Frx/Dislocation
Hazardous Materials	15 Fever	Genitals			15 Head Trauma
Medical Emergency	16 Headache	Hand			16 Internal Injuries
MUTUAL AID	17 Heat Exposure	Head/Scalp			17 Laceration
OB/Delivery	18 Hypertension	Knee			18 Pneumothorax
Overdose	19 Nausea/Vomiting	Leg, lower			19 Puncture
Poisoning	20 OB/GYN	Leg, upper			20 Soft Tissue Injuries
Psychiatric	21 Pain	Mouth/Jaw			21 Spinal Cord Injury
Stabbing	22 Psychiatric	Neck			22 Strain/Sprain
Substance Abuse	23 Seizures/Convulsions	Pelvis			23 Sucking Chest
Suicide	24 Stroke/CVA	Shoulder			24 Tension Pneumothorax
Transport/Critical	25 Substance Abuse	Toe			25 Other:
Transport/Routine	26 Terminal Illness	Wrist			26 Other:
Other:	27 Other:	Other:			27 Other:

PROCEDURES		RATE	TIME
1	O2 Nasal Cannula		2 Min. 15
2	O2 Simple Mask		Min.
3	O2 NRB Mask		Min.
4	O2 Positive Pressure		
5	AED		
6	AWY-Nasopharyngeal		
7	AWY-Oropharyngeal		
8	Airway Cleared		
9	Assist Delivery		
10	Bleeding Controlled		
11	Chest Decompression		
12	CPR		
13	Cold Applied		
14	Cricothyrotomy		
15	Delib-Cardioversion		
16	Endotr. Tube Size		
17	EXG Monitor		
18	EOA		
19	EXT. Pacemaker		
20	Extrication		
21	Heart Lung Resus.		
22	Heat Applied		
23	Inmob-Extremity		
24	Inmob-Spine		
25	Induced Vomiting		
26	M.A.S.T.		
27	Nebulizer-hand held		
28	NG Tube Size		
29	PTL Airway		
30	Bag-Valve-Mask		
31	Other:		

NEURO

Pupils
LOC Alert
Orientation X3
Motor
GCS
TS
Other arm
apparent
fx.

CARDIOVASCULAR

Heart Sounds S2 muffled
Rhythm regular
Edema leg edema
JVD
Pulse/Quality strong
Cap Refill 2-3
Other

RESPIRATORY

Pattern nonlabored
Breath Sounds crackles
Chest Excursion
Cough
Sputum Color/Char
O2 Sat
Oxygen
Other Hx: Snoring

GI/GU

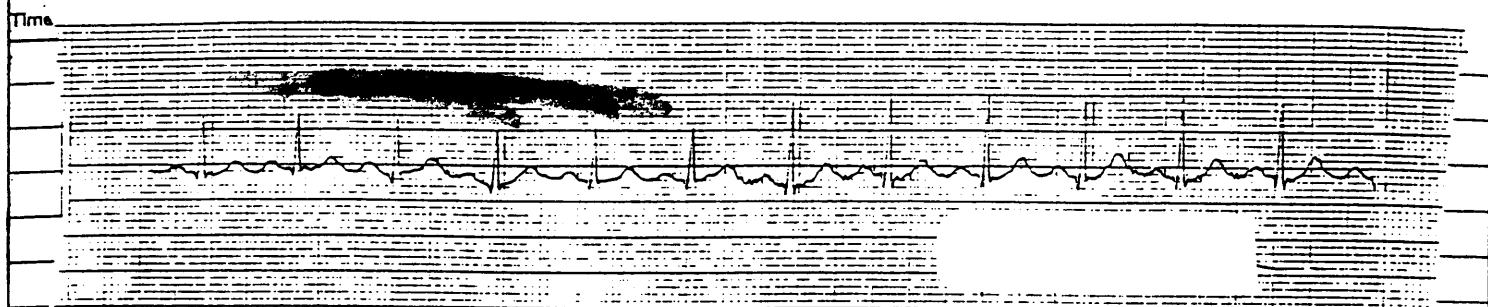
ABD Soft
Bowel Sounds BS
LBM
LMP
Pregnant?
Weight / Kg
Other

SKIN

Color pale
Moisture/Temp cool
Turgor
Other

PSYCHO/SOCIAL

Denies Difficulty ☐
Lives alone ☐ Yes ☐ No
If no, explain
Family/Friend Available
☐ Yes ☐ No Who
☐ Insomniac ☐ Depression
☐ Nervousness ☐ Apprehensive
☐ Uncooperative
Other
Do you have any specific cultural or religious needs that your health care

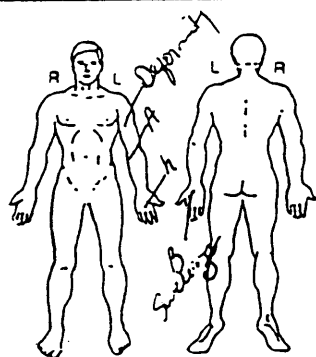


PHYSIOCONTROL

1418 - LR 0970 Started 1st attempt @ hand
#18 Angio - 500cc heparin given w/o. Rate now
K10.

1451 - ECG performed. 2nd cath & F performed
labs drawn. TO CR via squad fully
packaged. Obvious deformity lt humerus
lt hand anatomical + swollen @ pulse
Good ^{sensation} sensation + movement. Denies pain.
Splint applied

ECG performed. Monitor sinus rhythm.
1620 - 2nd IV Started Rt forearm #18 2nd attempt
K6F foreign inserted ^{immediate} return (50cc yellow)
wine - sling + pillow/rw



A = Abrasion D = Decubitus W = Wound
B = Bruise R = Rash

PROCEDURES Cricothyrotomy _____ Report To _____
Oxygen _____ NG _____ Sutures _____ Valuables _____
Intubation _____ Foley _____ IV Fluid _____ Dressing _____
Chest tube _____ G_P_A _____ EDC _____ FHT _____
Crutch training _____ Side Rails _____
ABG _____ RR _____ O2 _____ Intake _____ Output _____
Cardiac Monitor _____ Transthoracic Pacer _____ Family Member Notified _____
Defib _____

Signature: _____

Glasgow Coma Scale (Total Trauma Score 1-16)
Eye Spontaneous 4 Motor Obeys Command 6
Opening To Voice 3 Response Localizes Pain 5
To Pain 2 Withdraw (Pain) 4
None 1 Flexion (Pain) 3
Oriented 5 Extension (Pain) 2
Confused 4 None 1
Inapp Words 3 Total GCS Score 10

Trauma Score
Respiratory 10
Circulatory 9
Neurologic 9
Total 28
Glasgow Coma Scale (Total Trauma Score 1-16)
Eye Spontaneous 4 Motor Obeys Command 6
Opening To Voice 3 Response Localizes Pain 5
To Pain 2 Withdraw (Pain) 4
None 1 Flexion (Pain) 3
Oriented 5 Extension (Pain) 2
Confused 4 None 1
Inapp Words 3 Total GCS Score 10

PATIENT LOCATION ER

PATIENT NAME :
DATE OF BIRTH :
PHONE NUMBER :
ATTENDING PHYS: None/

DATE : 94
PATIENT # :
X-RAY # :
MED REC # :

EXAMINATIONS REQUESTED

1. Portable Chest
2. Cervical spine
3. Left forearm and hand

CLINICAL HISTORY

Trauma

The bony structures appear intact. The cardiac silhouette and mediastinum are within normal limits. No evidence of infiltrate or effusion.

IMPRESSION: No evidence of active cardiopulmonary disease.

Cervical spine - Single portable lateral projection was performed. Mild degenerative change is present. There is slight irregularity of the anterosuperior margin of the C5 vertebral body, recommend additional films of this area. An entire cervical spine series is recommended when clinically tolerated. Note is made of a rounded soft tissue mass projecting over the maxillary sinuses, likely representing a retention cyst. Sinus films may be helpful to further evaluate.

IMPRESSION: 1) Limited evaluation of cervical spine, demonstrating cortical irregularity at anterosuperior margin of C5, recommend complete cervical spine series to evaluate. 2) Probable retention cyst at maxillary sinus, sinus films may be helpful.

Left forearm and hand - Limited evaluation was performed which does not include a lateral view of the forearm, or complete views of the hand. Obliquely oriented fractures of the shaft of the proximal phalanx of the fourth finger, as well as the shaft of the fifth metacarpal are identified. No other fractures are identified. Complete evaluation of the hand and forearm are recommended with additional films.

IMPRESSION: Limited study, demonstrating oblique fractures of the shaft of the fifth metacarpal, as well as the shaft of the proximal phalanx of the fourth finger.

N

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Hospitalized two days, left against medical advice
(CBS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

X No

— Yes

(HP, DS)

Blood Alcohol Level
(mg/dl)

BAL = <.01

(LR)

Tested 5 hours post-crash

Glasgow Coma
Scale Score

GCSS = 15

(HP, DS)

Units of Blood
Given

Units =

Arterial Blood Gases

@ Discharge

pH = 7.36 7.33 7.36

PO₂ = 60 62 47

PCO₂ = 54 55 57

HCO₃ = 29

(HP, (PN, (DS,
LR) LR) LR)

Head traumatic
(HP, DS)

Ch shoulder pain
(CN)

Tender @ anterior chest wall
(HP, DS)

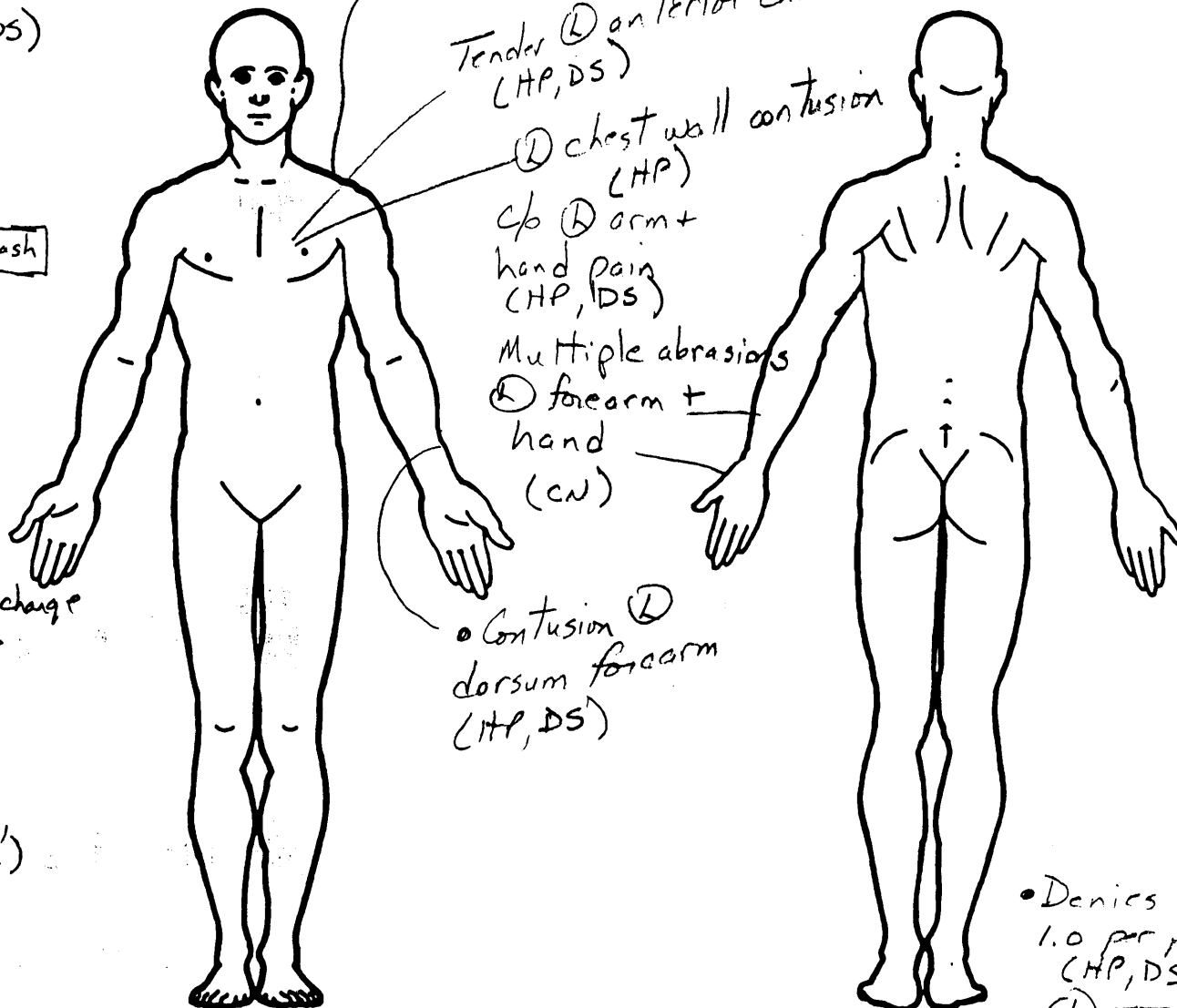
@ chest wall contusion
(HP)

Ch @ arm +
hand pain
(HP, DS)

Multiple abrasions
@ forearm +
hand
(CN)

Contusion @
dorsum forearm
(HP, DS)

Denies ETOH, ETOH
1.0 per previous facility
(HP, DS)
+ ETOH driver
(CN)



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

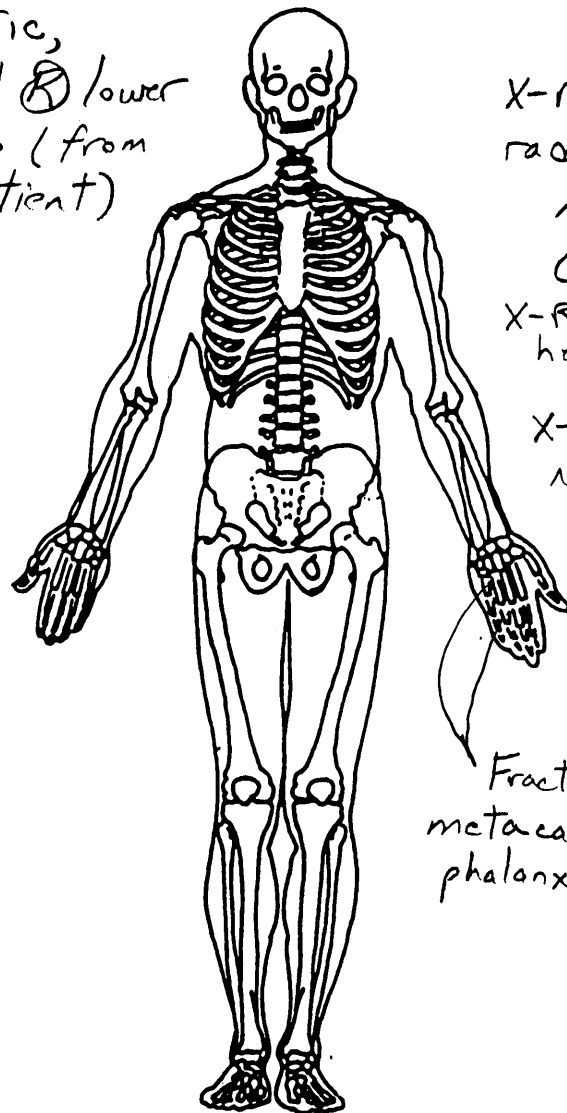
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Mouth/Throat:
• Atraumatic,
First + 2nd & lower
incisors loose (from
crash per patient)
(HP)



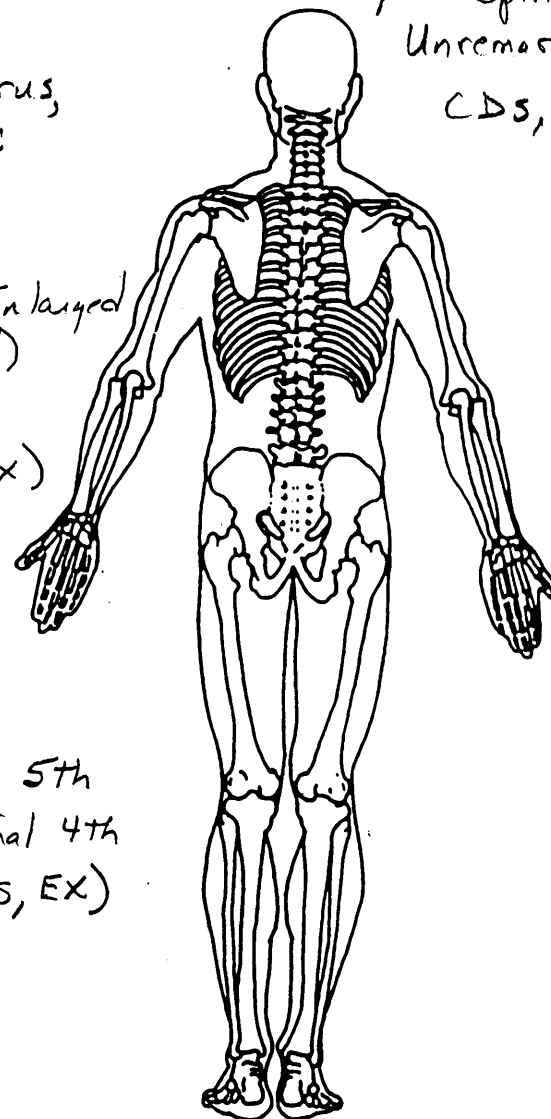
X-ray ② humerus,
radius, + ulna:
Negative
(HP)

X-Ray Chest: Enlarged
heart (EX, PX)

X-ray Pelvis:
Negative (EX)

Fractures oblique 5th
metacarpal + proximal 4th
phalanx (CN, HP, DS, EX)

X-Ray C-Spine:
Unremarkable
CDS, EX)



INJURY SOURCES

- FRONT**
- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify):

 (019) Other front object (specify):

- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):

 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

- INTERIOR**
- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

 (155) Head restraint system
 (160) Other occupants (specify):

 (161) Interior loose objects
 (162) Child safety seat (specify):

 (163) Other interior object (specify):

- AIR BAG**
- (170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
 (184) Air bag-passenger side and object in mouth
 (185) Air bag compartment cover-passenger side
 (186) Air bag compartment cover-passenger side and eyewear
 (187) Air bag compartment cover-passenger side and jewelry
 (188) Air bag compartment cover-passenger side and object held
 (189) Air bag compartment cover-passenger side and object in mouth
 (190) Other air bag (specify)

 (195) Other air bag compartment cover (specify)

- ROOF**
- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):

 (409) Additional or relocated switches, (specify):

 (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

 (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

 (504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

 (510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

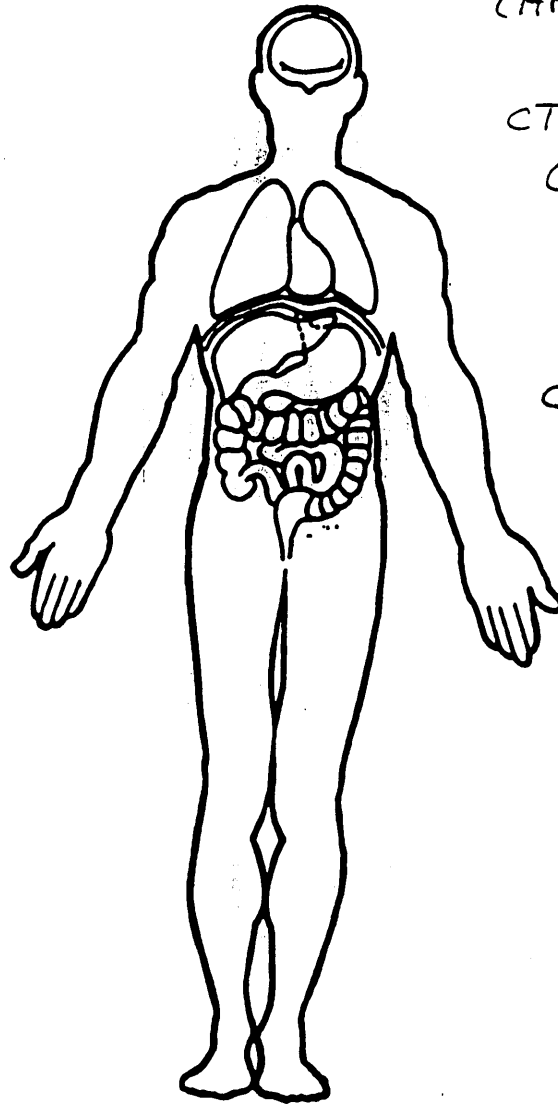
 (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
 (598) Other vehicle or object (specify):

 (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

 (604) Air bag exhaust gases
 (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



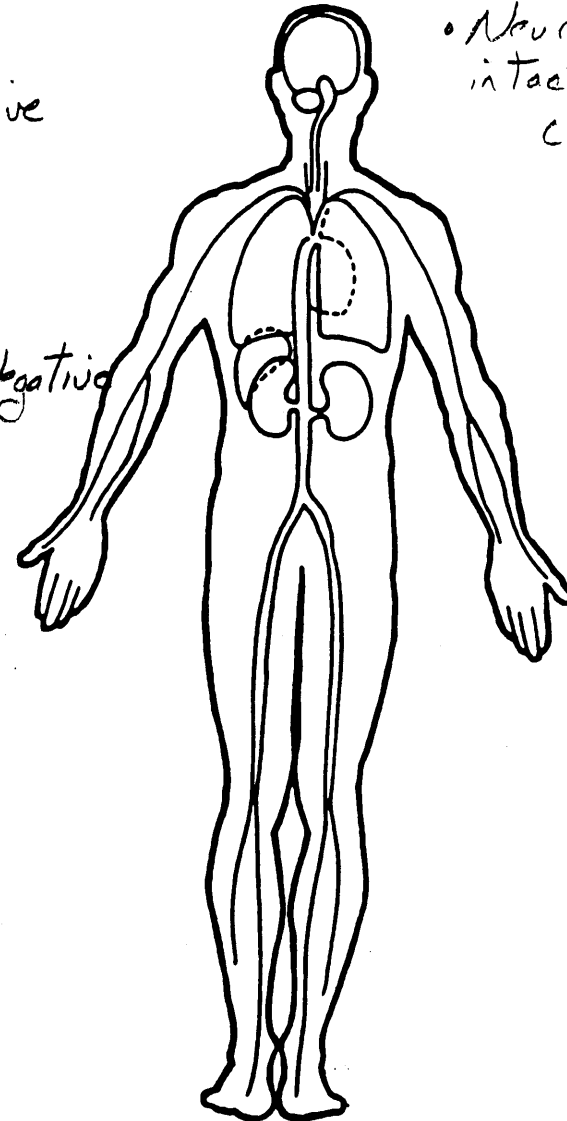
• Denies LOC
(HP, DS)

CT Head: Negative
(DS, EX)

CT Abdomen: Negative
(DS, EX)

• Ax 0x3 (HP, DS)

• Neurologically
intact
(DS)



CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

815.00 Fracture metacarpel, Nos - closed
 816.01 Fracture mid proximal phalanx @ hand - closed
 922.1 Contusion of chest wall.

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input checked="" type="checkbox"/> Unspecified	Amphetamine Barbiturate Benzodiazepine Cannabinoids Cocaine Opiates Phenothiazine	Negative

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

LR = Laboratory Reports

GOLD ALERT (TRAUMA ALERT)
(circle one)

Patient's Name: _____

Age: 56 Sex: F

Date: _____

of Arrival: _____ AM

E.D. Physician: _____

Trauma Leader Attending: _____
Time called: _____

Senior Resident: _____

Time Called: _____ Time Arrived: _____ *- Here when called*

Anesthesia: _____ Time Called: _____ Time arrived _____

Contact Prior to Arrival: (Circle) RADIO PHONE OTHER NONEMode of Arrival: (Circle) AIR GROUND PRIVATEArrived From: Scene TransferEvent: (Circle) ATV BIKE BURN FALL GSW MVA PEDESTRIAN
STAB OTHER UNKNOWN

Discharged From ED: _____ AM/PM

Disposition: Circle All Applicable Choices

NICU RICU ICU CCU PICU FLOOR EXPIRED TRANSFERRED

DISCHARGED AMA OR OTHER _____ Room # _____

Admitting Service If Other Than Surgery: _____

Admitting MD If Other Than Team Leader: _____

CONTACTS:

Neurosurgery: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

Orthopedics: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

ENT: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

Other: _____

TRAUMA TEAM:

LAB _____
RADIOLO _____
RESPIRA _____
TRAUMA _____
PRIMARY _____
SECONDA _____
RECORDI _____IT IS THE RESPONSIBILITY OF THE RECORDING NURSE TO COMPLETE THIS
REGISTRY

PATIENT ID. INFORMATION

CONSULTATION REQUESTED OF:

Ortho

M.D.

REASON FOR REQUEST:

Fx (L) hand

PRIVATE SERVICE:

CLINIC SERVICE:

ATTENDING M.D.

DATE

OPINION AND RECOMMENDATIONS:

56 yo @ ETOH drunk in mvt.

54-2 granddaughter killed.

Injured (C) in dominant hand

PE - multiple abrasions (C) forearm
+ hand. Extension?Pain
Pain = passive extension
forearm soft

Sen intact all n. distribution

Skin closed over fractures

XRay - long oblique fxs 5th metacarpal +
ring phalanx extracapsular
shortened 5mm each
5mm each

APJ Dorsal block splint

F/U films

Will follow - may require limited
ORIF in future

SIGNATURE

DATE

TRAUMA
HISTORY & PHYSICIAN

TIME
DATE

NAME :

SP. #

Surgical

Was patient a transfer? ☐

TREATMENT at other Ho ☐

WFS, X-rays

HISTORY: 56 yr old w/f involved in 2 vehicle
- & seatbelts. Grandkid in same vehicle

was a fatality @

Driver. Driver LOC

Denies ETOH.

(ETOH 1.0 per report from

Only complaint is (L) Arm & hand pain
or Abd pain

Ticuna given 5

ALLERGIES: NKDA

MEDS: fluid pills

PAST MED/SURG HISTORY:

Chronic Obstructive
Pulmonary Disease

Previous C-Section

PHYSICAL EXAM:

TEMP 99.7 B.P. 140/80 RESP 24 PULSE 92 (reg. / irreg.)HEAD AtraumaticEYES ECM 1 (3mm) PERRLEARS TM's ClearNOSE Atraumatic looseMOUTH / THROAT Atraumatic 1st + 2nd (B) lower incisors loose (bly trauma per pt.). Poor dentition.NECK Non tenderCHEST / LUNGS Good LBS (B) Tender (L) Ant. chest wall

BACK

HEART

ABDOMEN Soft NT Mild Abrased ? on
wild Abrased streaks on AbdomenPELVIS Stable, NTGENITALS Atraumatic atraumaticRECTAL NST GUAIC (L)

CIRCULATION:	Carotid	Radial	Fem	Pop	PT	DP
Right		2+	2+		Lower Ext	Edema (B) < 2 sec CR
Left		2+	2+			

EXTREMITIES:	Right Arm	Left Arm	Right Leg	Left Leg
	okay	swollen painful Hand, contusion (L dorsum forearm)	okay	↓

NEUROLOGICAL: Mental Status: A+Ox3

Reflexes:	Biceps	Triceps	Brachrad	Knee	Ankle	Plant
Right	2+			2+		
Left	2-			2+		

Sensory: Grossly intact x 4Motor: "Cranial Nerves: Intact

TRAUMA SCORE

	<u>Value</u>	<u>Points</u>	<u>Score</u>
A. Respiratory Rate	10 - 29	4	
(Num. of respirations in	> 29	3	
15 sec x 4)	6 - 9	2	
	1 - 5	1	
	0	0	A <u>4</u>

B. Systolic Blood Pressure	> 89	4	
	76 - 89	3	
	50 - 75	2	
	1 - 49	1	
	0	0	B <u>4</u>

C. Glasgow Come Scale

1. Eye Opening	Spontaneous	<u>4</u>		
	To Voice	<u>3</u>	<u>Total GCS</u>	<u>Score</u>
	To Pain	<u>2</u>	<u>Points</u>	
	None	<u>1</u>	14-15	<u>5</u>
2. Verbal Response	Oriented	<u>5</u>	11-13	<u>4</u>
	Confused	<u>4</u>	8-10	<u>3</u>
	Inappropriate Words	<u>3</u>	5-7	<u>2</u>
	Incomprehensible Words	<u>2</u>	3-4	<u>1</u>
	None	<u>1</u>		
3. Motor Response	Obeys Commands	<u>6</u>		
	Purposeful Movement	<u>5</u>		
	Withdraws (pain)	<u>4</u>		
	Flexion (pain)	<u>3</u>		
	Extension (pain)	<u>2</u>		
	None	<u>1</u>		
Total GCS Points (1+2+3)		<u>15</u>		C <u>5</u>

TRAUMA SCORE
(Total A + B + C)

13/13

LIS:

WBC	11.4	mm	139	pH	7.36	PT	11.8	URINE:
HGB	14.8	K+	3.9	pO2	60	PTT	24.2	RBC
HCT	43.8	Cl	103	pCO2	54	Pfts.	158	WBC
		CO2	31	Bicarb	29.0			SG
ETOH	0.0	BUN	12			UDS:		Ketones
		BS	127	Amylase	50			Glu

X-RAY FINDINGS:

CHEST No Rx CT SCAN Abd - ⊖ABDOMEN Head - ⊖ for fractureC-SPINE IVP polykystic max. sinus ?EXTREMITIES Hand - 5th MCP fr PELVIS WNL(L) Humerus (R) distal humerus

EMERGENCY ROOM TREATMENT & PROCEDURES:

Peritoneal Lavage: yes no Gross Blood yes no RBC yes no (/ dl)Bili yes no WBC yes no Amylase yes noTransfusions: yes no Univ yes no Type spec yes noConsulting Services: ortho (Davis)

PROBLEM LIST:

SIP MVA(1) (L) Hand Fr.(2) (L) Chest wall contusion ? Hx COPD

PLAN:

Admit Bed

(1) Admit to Stepdown monitor Bed

(2) splint per ortho.

Time left ER: 4 hrs

DOCTORS ORDERS

DOCTORS ORDERS

Date | Time

BEST AVAILABLE

Turning Decided
Pt Feels well - Wants to go home
for ^{grand daughters} funeral
^{Monday} Polar (Castle) reading
PS unchanged

ADGs ASGs on RA 2.36/57/47/81% - at comfortable

Discussed case c

It wishes to ^{sign} out AMA -

is Aware of ^{risks} to her health, include death

Script Abandon/ potential intubation given

It to follow up c

- to call on 1-3

PROGRESS NOTES

Date

Time

BEST AVAILABLE

On the

90 shoulder pain - will ✓ film
^{hand}
 hand in splint

acc

Trauma

Pt c/o shoulder pain - chronic in nature

NO (hand) dx

AFUSS

Heart: Rg

Lungs: very ↓ airflow, ⊕ b/l exp. wheezing

~~ASG~~
 ASG

7.33/62/55/86 %

followed

⊕ E COPD followed by Dr. Quinn out pt.

derives home ^{home} O₂ -- tx's, chronic smoker

Pt very wheezy + tight, will benefit from Resp. tx

- Social issues : not ^{resolved} resolved where pt will go.

consult SS

PROGRESS NOTES

DISCHARGE SUMMARY

PATIENT:UNIT RECORD NO.:DATE OF ADMISSION:DATE OF DISCHARGE:

CC:

ADMISSION DIAGNOSIS:STATUS POST MOTOR VEHICLE ACCIDENT WITH
A FRACTURE OF THE LEFT HAND.FINAL DIAGNOSIS:

1. SIGNIFICANT CHRONIC OBSTRUCTIVE
PULMONARY DISEASE WITH CO2
RETENTION.
2. STATUS POST MOTOR VEHICLE ACCIDENT
WITH A LEFT FIFTH METACARPAL AND
FOURTH PROXIMAL PHALANX FRACTURE.

HISTORY OF ILLNESS:

The patient is a 56-year-old nondiabetic, nonhypertensive white female with a very long smoking history, who is involved in a two-vehicle motor vehicle accident without seatbelts. The patient's grandchild was in the same vehicle as this patient and was a fatality. This patient was the driver and she denied loss of consciousness, denied any ethanol use. Her complaints were of only left arm and hand pain. She was a transfer from

PHYSICAL EXAMINATION:

The patient's temperature was 99.7, pulse was 92 and regular, blood pressure was stable. Head was atraumatic. Eyes were equal with full movement. TMs were clear. Neck was nontender. Chest was tender in the anterior chest wall with hyperinflation of the lungs and marginal air movement. Abdomen was soft and nontender. Pelvis was stable. Genital rectal exam was normal. Extremities revealed a swollen, painful left hand and a contusion on the left dorsal forearm.

MENTAL STATUS EXAM:

The mental status was awake and alert. The patient was neurologically grossly intact. Glasgow coma scale was XV with trauma score of XIII. X-rays were performed which showed a fracture of the fifth metacarpal and proximal phalanx of the fourth digit of the left hand. These were set with closed reduction by the orthopedic service. CT scans of the head and abdomen were negative and the C-spine films were unremarkable.

PAGE 2

PATIENT:UNIT RECORD NO:HOSPITAL COURSE:

At this time the patient was admitted for observation following significant trauma. The patient had an uneventful hospital course, with the exception that she was markedly acidic in her blood gases with CO2 retention. Blood gases on room air at discharge was pH 7.36, with PCO2 57 and PO2 47 and an O2 saturation of 81%. The patient at this time was comfortable. The patient was anxious to leave for home for the funeral of her granddaughter. It was explained to this patient that she could only be discharge against medical advice due to the severity of her lung disease. The patient did wish to do this. This was discussed with _____ and _____. The patient was made aware of _____ office number and was encouraged to follow up for an appointment. The patient was instructed to call on _____. The patient was also instructed to follow up with orthopedic clinic two weeks following discharge. A prescription for Atrovent and Proventil was given to the patient and she was advised to take Ibuprofen over the counter as directed p.r.n. for pain.

DATE:

[illegible]

BEST AVAILABLE

PATIENT NAME: PT # : MR#:
BIRTHDATE : AGE :
ADMIT DATE : DSCH DATE: DISP: AMA
INS 1 NAME : SELF PAY POLICY NO
TOTAL BAL : 5970.97
ATTENDING MD: LIC:
DRG ASSIGNED: 250 MDC 08M, FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE
PATIENT LOS : 2 AVG LOS : 004.1 OUTLIER: 026

PRINCIPAL DIAGNOSIS: 815.00 FX METACARPAL NOS-CLOSED
MAJOR PROCEDURE :
ADMITTING DIAGNOSIS: 815.00 FX METACARPAL NOS-CLOSED

DF	1	815.00	FX METACARPAL NOS-CLOSED
DF	2	816.01	FX MID/PRX PHAL, HAND-CL
DF	3	922.1	CONTUSION OF CHEST WALL
DF	4	496	CHR AIRWAY OBSTRUCT NEC
DF	5	305.11	TOBACCO ABUSE-CONTINUOUS
DF	6	V15.81	HX OF PAST NONCOMPLIANCE
DF	7	E812.0	MV COLLISION NOS-DRIVER

NAME: [REDACTED] EXAM DATE: [REDACTED]
ADDR: HC [REDACTED]
D.O.B. [REDACTED] SS#: [REDACTED]
AGE: 56Y SEX: F
MR #: [REDACTED] PT TYPE: IA ADM#: [REDACTED]
SERV: TRA CLINIC: [REDACTED]
ORD DR: [REDACTED]
ATTENDING DR. [REDACTED] DISCHARGE DATE: [REDACTED]

EXAMINATION(s):	RAD CODE(s)	RMH CODE(s)	RMS ORD#	INV#
CT HEAD WITHOUT CONTRAST	70450	70450	- 90002	14

=====

CT HEAD WITHOUT CONTRAST
CLINICAL:

AUTO ACCIDENT

REPORT: HEAD CT SCAN PERFORMED WITHOUT CONTRAST ENHANCEMENT
DATED

NO EVIDENCE OF VENTRICULAR ENLARGEMENT, MASS EFFECT OR ACUTE FOCAL
INTRACRANIAL ABNORMALITIES ARE DISCERNIBLE.

NODULAR MUCOPERIOSTEAL THICKENING IS PRESENT WITHIN THE RIGHT
MAXILLARY SINUS AND THROUGHOUT THE ETHMOID LABYRINTH, CONSISTENT
WITH THE PRESENCE OF SINUSITIS. A 2 CM MUCOUS RETENTION CYST OR
POLYP IS PRESENT WITHIN THE POSTERIOR INFERIOR ASPECT OF THE LEFT
MAXILLARY ANTRUM.

NAME :

EXAM DATE :

ADDR: HC

SS#:

AGE:

SEX: F

PH #:

PT TYPE:

MR #:

ROOM:

ORD DR:

CLINIC:

ATTENDING DR.: ER PHYSICIAN,

EXAMINATION(s):

RAD CODE(s)

RMS CODE(s)

RMS ORD#

INV#

CT ABDOMEN WITH CONTRAST

74160

74160

- 90001

CT ABDOMEN WITH CONTRAST

CLINICAL:

AUTO ACCIDENT

REPORT: ABDOMINAL CT:

HISTORY IS FURNISHED OF AUTO TRAUMA.

THE CT SCAN SHOWS NO EVIDENCE OF TRAUMA TO THE INTRAABDOMINAL ORGANS WHICH INCLUDE THE RETROPERITONEAL ORGANS AND VASCULATURE. PELVIC IMAGES ARE NORMAL AND BONY SETTINGS OF THE PELVIS SHOW NO DEFINITE ABNORMALITY.

*Medical
Records*

NAME :

ADDR :

AGE :

PH # :

MR # :

SERIAL :

ORD DR :

ATTENDING :

SEX :

PT TYPE :

ROOM :

EXAMINATION(s) :	RAD CODE(s)	RMH CODE(s)	RMS ORD#	INV#
L HAND PA-OBL-LAT	73130	73130	90003	15
CERVICAL 4 + VIEWS	72050	72050	90003	16
PELVIS AP	72170	72170	90003	17
CHEST PA	71010	71010	90003	18

=====

HAND PA-OBL-LAT

CLINICAL: M.V.A.

REPORT: VIEWS OF THE LEFT HAND SHOW OBLIQUE FRACTURE THROUGH THE PROXIMAL PHALANX OF THE RING FINGER AND AN OBLIQUE FRACTURE THROUGH THE FIFTH METACARPAL. REMAINDER OF THE BONY STRUCTURES APPEAR TO BE INTACT.

CERVICAL 4 + VIEWS

CLINICAL: M.V.A.

REPORT: VIEWS SHOW THAT THE HEIGHT AND ALIGNMENT ARE INTACT. NO GROSS DISPLACEMENTS ARE SEEN. THE SPINAL LAMINAR LINE APPEARS TO BE INTACT. HOWEVER, IF THERE IS CLINICAL EVIDENCE OR SUSPICION OF INJURY TO THE CERVICAL SPINE FURTHER EVALUATION IS RECOMMENDED.

PELVIS AP

CLINICAL: M.V.A.

REPORT: AP VIEW SHOWS THE BONY PELVIS TO BE INTACT. NO FRACTURES ARE DEMONSTRATED.

CHEST PA

CLINICAL: M.V.A.

REPORT: AP RECUMBENT FILM SHOWS THE HEART TO BE ENLARGED. MEDIASTINUM IS UNREMARKABLE. BOTH LUNGS ARE WELL EXPANDED AND FREE OF ANY ACTIVE PROCESS.

(RXR)

MR # :

EXAM (DATE)

CONTINUED

PAGE 1

NAME:
ADDR:
D.O.B.
AGE:
PH #:
MR #:
SERV:
ORD DR:
ATTENDIN

EXAM DATE:

SS#:
SEX: F

PT TYPE: ADM#:
ROOM

CLINIC:
DISCHARGE DATE:

NAME:

EXAM DATE

ADDR:

D.O.B.

AGE:

MR #:

SERV:

PT TYPE:

ADM#

ROOM:

CLINIC:

ORD DR:
ATTENDING

DISCHARGE DATE:

EXAMINATION(s):	RAD CODE(s)	RMH CODE(s)	RMS ORD#	INV#
PORTABLE CHEST AP ONLY	71010	71010	90005	28
=====				
PORTABLE CHEST AP ONLY				
CLINICAL: PORT CXR BY 0600				

REPORT: CHEST PORTABLE

, COMPARISON

THE HEART CONTINUES TO BE ENLARGED WITH INCREASED WITH RIGHT MEDIAL BASILAR DENSITY WHICH MAY BE A SMALL AREA OF INFLAMMATORY DISEASE. SOME DISCOID ATELECTATIC CHANGES ARE SEEN IN THE LEFT BASE. HILI AND MEDIASTINUM ARE NORMAL.

NAME:

EXAM DATE:

ADDR:

D.O.B.:

AGE:

PH #:

MR #:

SEX:

PT TYPE:

ROOM:

ORD DR:
ATTENDING

EXAMINATION(s):	RAD CODE(s)	RMH CODE(s)	RMS ORD#	INV#
L HAND (POST. RED.)	73120	73120	90004	19

=====

HAND (POST. RED.)

CLINICAL:

TRAUMA ALERT

REPORT: POST REDUCTION VIEWS AGAIN SHOW THE FRACTURE OF THE FIFTH METACARPAL AND THE PROXIMATE PHALANX OF THE RING FINGER. THERE IS SOME OVERLAPPING AND OVERRIDING OF THE FRACTURE FRAGMENTS. WHAT LITTLE SIGNIFICANT ANGULATION IS OTHERWISE SEEN.

NAME :
MR# :
ACCT# :

ADMISSION:
DISCHARGE:

***** HEMOGRAM *****

TEST:	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	RDW
UNITS:	K/mm3	M/mm3	G/DL	%	FL	PG	G/DL	%
LO-HI:	4.8-10.8	4.2-5.4	12.0-16.0	37-47	80-100	27-31	33-37	11.5-14.5
	11.4H	5.06	14.8	43.6	86.4	29.3	33.9	12.7

----- HEMOGRAM -----

TEST:	PLT	MPV
UNITS:	K/mm3	FL
LO-HI:	130-400	7.4-10.4
	158	8.1

***** DIFFERENTIAL *****

TEST:	SEGS	LYMPH	MONO	EO	BASO
UNITS:	%	%	%	%	%
LO-HI:	50-70	20-40	2-8	0-5	0-2
	89H	6L	3	0	2

***** COAGULATION *****

TEST:	PROTIME	PROTIME	PTT	PTT
UNITS:	PATIENT	CONTROL	PATIENT	CONTROL
LO-HI:	SEC	SEC	SEC	SEC
	11-14		24-36	
	11.8	12.2	24.2	30.3

***** ARTERIAL BLOOD GAS *****

TEST:	PH	PCO2	PO2	O2	O2
UNITS:		MMHG	MMHG	SATURATION	ADMIN
LO-HI:	7.35-7.45	35-45	74-108	92-96	
	7.36	57H	47L	81L	21
	7.37	56H	44C	78L	21
			CALLF		%

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

CALLF CALLED TO FLOOR

NAME :
MR# :
ACCT# :

DX :
ADMISSION :
DISCHARGE :

AGE :
DR :
RM# :

***** ARTERIAL BLOOD GAS *****

TEST:	PH	PCO2	PO2	O2	O2
				SATURATION	ADMIN
UNITS:		MMHG	MMHG	%	
LO-HI:	7.35-7.45	35-45	74-108	92-96	

((CONTINUED FROM PREVIOUS PAGE))

7.33L	62H	55L	86L	2
				LPM
7.36	54H	60L	90L	4
				LPM

***** CHEMISTRY 7 PROFILE *****

TEST:	SODIUM	POTASS	CHLORIDE	CO2	GLUCOSE	BUN	CRET	ION	B/C
		IUM						GAP	RATIO
UNITS:	MEQ/L	MEQ/L	MEQ/L	MEQ/L	MG/DL	MG/DL	MG/DL		
LO-HI:	135-147	3.5-5.3	98-112	21-31	70-110	7-22	0.5-1.4	2-11	12-20
	139	3.9	103	31	127H	12	0.8	5	15.0

----- CHEMISTRY 7 PROFILE -----

TEST:	CALC
	OSM
UNITS:	MOS/KG
LO-HI:	280-301
	279L

***** PROFILE CHEMISTRY *****

DATE:			
TIME:	NORMALS	UNITS	1755
GLUCOSE	70-110	MG/DL	127H
CREATININE	0.5-1.4	MG/DL	0.8
T PROTEIN	6.0-8.3	G/DL	6.3
ALBUMIN	3.5-4.8	G/DL	3.5
T BILI	0.3-1.4	MG/DL	0.4
ALK PHOS	37-125	IU/L	59
AST	15-45	IU/L	19
LD	100-190	IU/L	180
CHOL	<200	MG/DL	173
CALCIUM	8.5-10.5	MG/DL	8.4L
PHOS	2.5-4.7	MG/DL	2.8
URIC	2.0-7.5	MG/DL	4.2

NAME :
MR# :
ACCT# :

DX: M.V.A.
ADMISSION:
DISCHARGE:

AGE:
DR :
RM# :

***** CHEMISTRY *****

TEST: AMYLASE
UNITS: IU/L
LO-HI: 25-130

50

***** BLOOD ALCOHOL AND DRUG SCREENS *****

TEST:	BLOOD ALCOHOL	COLLECTING TECH ID	IODINE PREP USED?	AMPHETAMINE	BARBITURATE	BENZODIAZEPINE
UNITS:	%					
LO-HI:	0.000- 0.010		Y	NEG	NEG	NEG

0.000 GR MD YES

***** BLOOD ALCOHOL AND DRUG SCREENS *****

TEST:	CANNABINOIDS	COCAINE	OPIATES	PHENOTHIAZINE
UNITS:				
LO-HI:	NEG	NEG	NEG	NEG

NEG NEG NEG NEG

***** URINALYSIS *****

TEST:	SPECIMEN	APPEAR	SP GRAV	PH	PROTEIN	GLUCOSE MG/DL	KETONE MG/DL
UNITS:							
LO-HI:			1.005- 1.030	5.0-7.0	NEG	NEG	NEG

URINE, CLEAN CATCH (a) 1.015 7.0 NEG NEG NEG

---FOOTNOTES---

(a) YELLOW CLEAR

TO BE COMPLETED BY PHYSICIAN

Significant Laboratory and diagnostic results:

ABGs indicate hypoxia, CO₂ retention, and CO₂ D

ACTIVITY:

- ☐ Resume normal routine as tolerated
☒ Limited until follow-up office visit (describe)

Walking, elevate L Arm

- ☐ May NOT return to work/school until after follow-up office visit.

- ☐ May return to work/school before follow-up office visit

MEDICATIONS:

- ☐ Resume pre-hospital medications

- ☒ Listed below

- ☐ None prescribed

Medication	Purpose	Amount	Frequency	Special Instructions Drug/Drug, Drug/Food Interactions
<u>Aspirin 81 mg</u>	<u>anti platelets</u>	<u>1 pill</u>	<u>QID</u>	
<u>Atorvastatin 20 mg</u>	<u>lipids</u>	<u>1 pill</u>	<u>QID</u>	
<u>Zofran 8 mg</u>	<u>nausea</u>	<u>As directed on OTC bottle</u>		<u>start with food</u>

HOW/WHEN TO OBTAIN FURTHER TREATMENT

FOLLOW UP PLAN:

- ☒ Return visit to office

- ☐ Consultation

Physician Signature

Date

Phone No.

REFERRALS AND POST HOSPITAL

ARRANGEMENTS

- ☐ Not Applicable

- ☐ Social Services

- ☐ Home Health

- ☒ Other (Specify)

Ortho Clinic - call

Signature

Signature

Signature

- ☐ Nutrition Services

Signature

TO BE COMPLETED BY NURSE

- ☐ Not Applicable

- ☐ Incision Wound Care (Specify)

- ☐ Other (Specify)

ADDITIONAL INSTRUCTIONS

- ☒ Appliances/Supplies

Arm sling

- ☐ Non-Standard (copy attached)

Call Ortho Clinic for appt. in 2 weeks

FUNCTIONAL STATUS (ADL)

- ☐ Able to do own care

- ☐ Unable to do own care

- ☐ Family to resume pre-hospital care

- ☒ Family instructed in new post-hospital care

UNDERSTANDING

I have received and understand home care instructions as described above.

Signature of Patient or Person Responsible for Care (relationship to patient)

Date

Signature (RN/LPN)

Date

DISCHARGED

Date

Time

Accompanied by

Via

To (location)

Personal belongings returned

- ☒ Clothes

- ☐ Meds

- ☐ Valuables

RN/LPN/PCA/US

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FOLLOW-UP PHYSICIAN VISITS**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

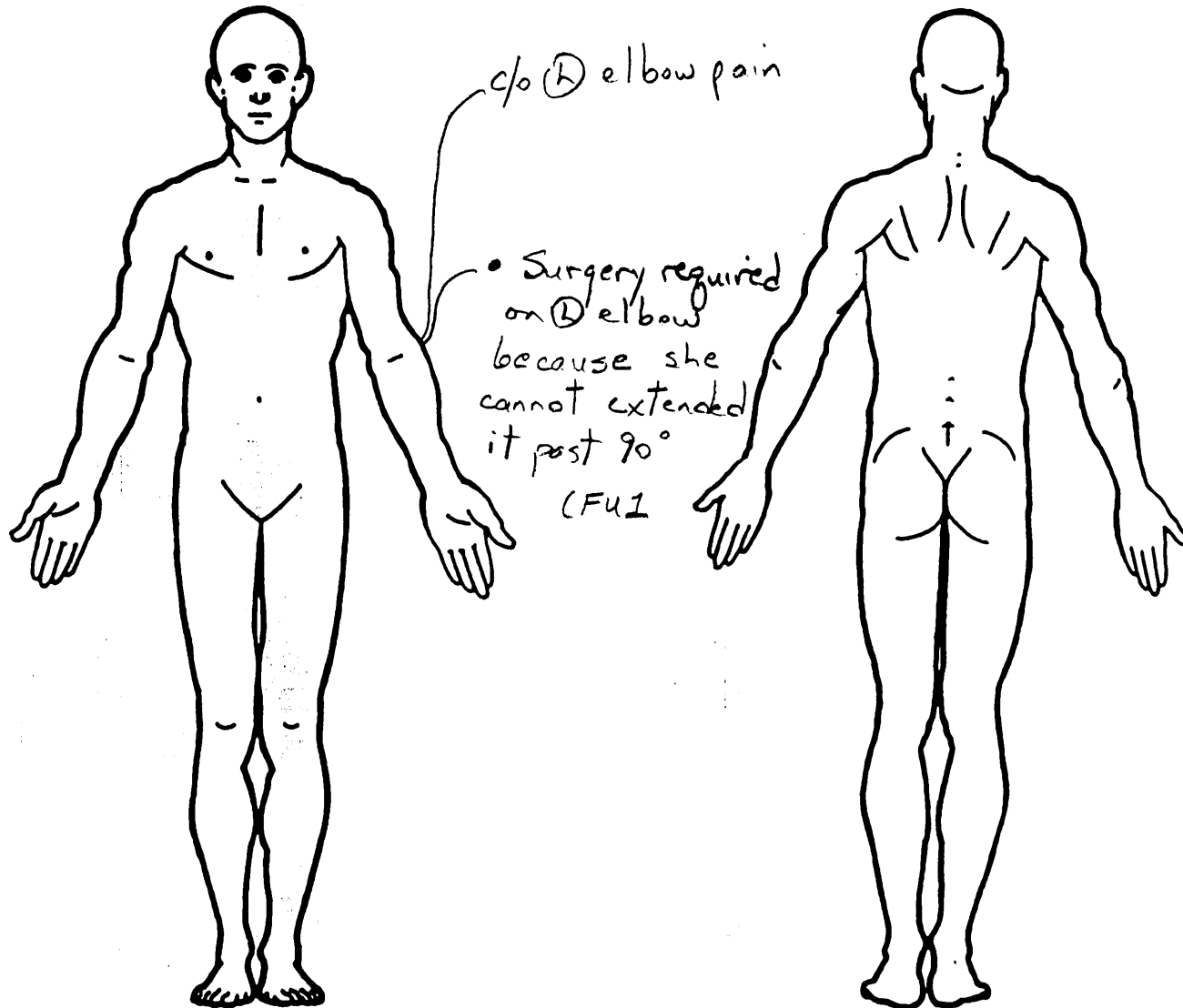
Arterial Blood Gases

pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

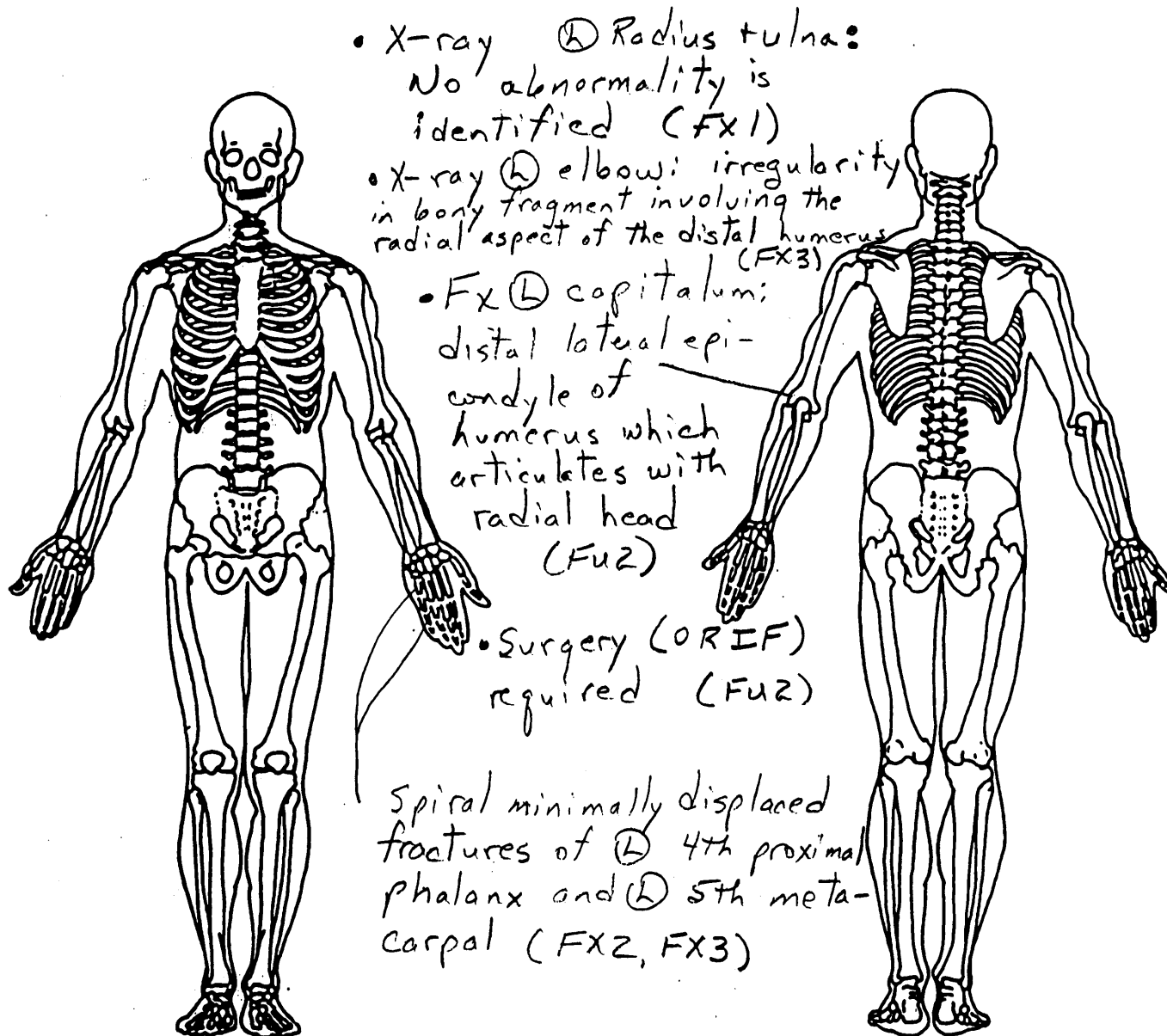
- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

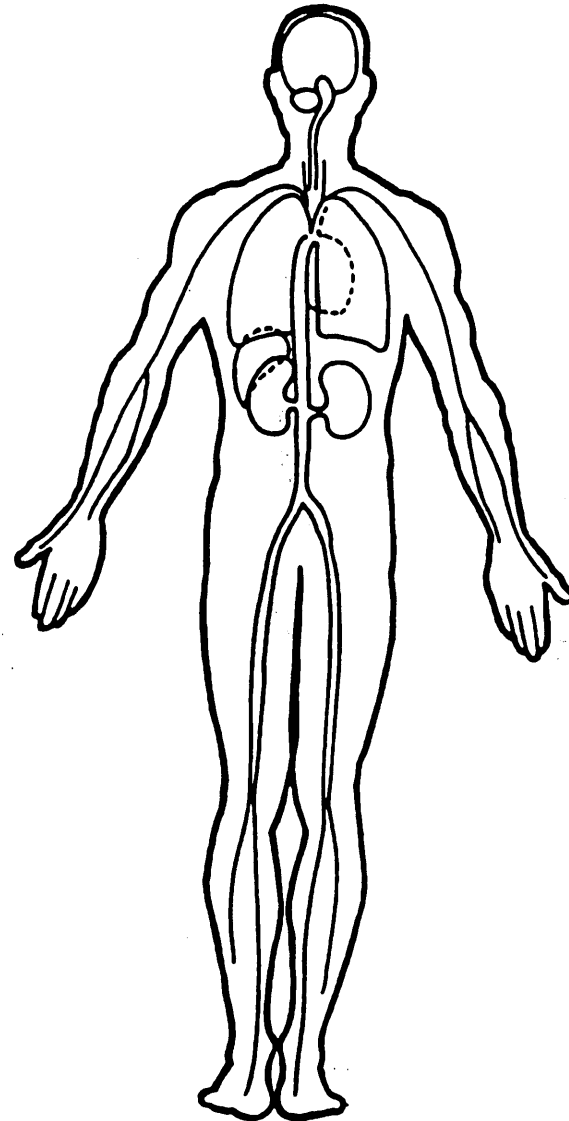
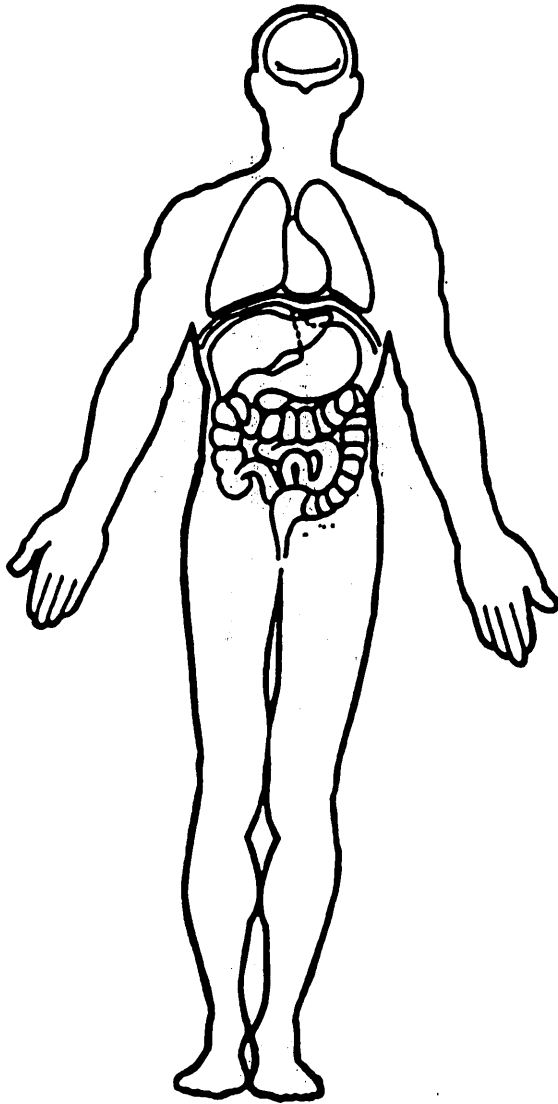


INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR OF OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	EXTERIOR OF OTHER MOTOR VEHICLE
(010) Left instrument panel and below	INTERIOR		(501) Front bumper
(011) Center instrument panel and below	(151) Seat, back support		(502) Hood edge
(012) Right instrument panel and below	(152) Belt restraint webbing/buckle		(503) Other front of vehicle (specify): _____
(013) Glove compartment door	(153) Belt restraint B-pillar or door frame attachment point	ROOF	(504) Hood
(014) Knee bolster	(154) Other restraint system component (specify): _____	(201) Front header	(505) Hood ornament
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(155) Head restraint system	(202) Rear header	(506) Windshield, roof rail, A-pillar
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(160) Other occupants (specify): _____	(203) Roof left side rail	(507) Side surface
(017) Windshield reinforced by exterior object (specify) _____	(161) Interior loose objects	(204) Roof right side rail	(508) Side mirrors
	(162) Child safety seat (specify): _____	(205) Roof or convertible top	(509) Other side protrusions (specify): _____
(019) Other front object (specify): _____	(163) Other interior object (specify): _____	FLOOR	(510) Rear surface
		(251) Floor (including toe pan)	(511) Undercarriage
LEFT SIDE	AIR BAG	(252) Floor or console mounted transmission lever, including console	(512) Tires and wheels
(051) Left side interior surface, excluding hardware or armrests	(170) Air bag-driver side	(253) Parking brake handle	(513) Other exterior of other motor vehicle (specify): _____
(052) Left side hardware or armrest	(171) Air bag-driver side and eyewear	(254) Foot controls including parking brake	(514) Unknown exterior of other motor vehicle
(053) Left A (A1/A2)-pillar	(172) Air bag-driver side and jewelry	REAR	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(054) Left B-pillar	(173) Air bag-driver side and object held	(301) Backlight (rear window)	(551) Ground
(055) Other left pillar (specify): _____	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	(598) Other vehicle or object (specify): _____
(056) Left side window glass	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	(599) Unknown vehicle or object
(057) Left side window frame	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	NONCONTACT INJURY
(058) Left side window sill	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	(601) Fire in vehicle
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	(602) Flying glass
(060) Other left side object (specify): _____	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	(603) Other noncontact injury source (specify): _____
	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(604) Air bag exhaust gases
RIGHT SIDE	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(697) Injured, unknown source
(101) Right side interior surface, excluding hardware or armrests	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	
		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Fu = Follow-up Medical Records
 Fx = Follow-up Imaging Records

This 56 year old white female came to see me for evaluation of lung problems post admission to the hospital in to trauma service with a car accident with a severe injury to her left arm which is going to require surgery on the left elbow because she cannot extend it past 90°. In this accident her granddaughter was killed after a truck cut over in front of her. She still has a lot of grief reaction. She signed out from hospital to attend her granddaughter's funeral. She has given up smoking since that time and has cleared up her lungs a good deal. She was a two pack a day cigarette smoker for 30 years before that. She has been on an Atrovent inhaler but mistakenly was given Albuterol solution instead of inhaler by pharmacy so has not been using it at home. She is not coughing up any purulent sputum at this time. She does have some limitation to exercise. She has not had any PFT's.

 apparently discussed the case with by phone when she was in the hospital.

O: She has no significant inflammation in throat. She has mild congestion in nose. Her neck has no adenopathy. Her lungs have decreased air movement with no significant wheezes or rales. Her heart is regular. Her abdomen is benign. She has no edema or clubbing. Her peripheral pulses are intact. She does have an inability to extend left elbow beyond 90° but has full flexion. There is no distinct tenderness or inflammation of elbow. Her pulmonary function tests show moderate obstruction with an FEV₁ equal to 1.4 liters or 56% of predicted.

A: Moderate COPD. *Chronic obstructive Pulmonary Disease*

P: We will give her a Ventolin inhaler to use instead of Albuterol solution and add this to Atrovent inhaler which she will continue pre-op. This amount of function says that she has a mildly increased pulmonary risk from general anesthesia but if it would be needed it could be accomplished even though regional anesthesia would give her the least risk from a pulmonary standpoint, if this could be done. I have discussed these findings with her and she will be seen in the for them to decide about surgery from here. Follow-up prn.

<u>EXAMINATION(s):</u>	<u>RAD CODE(s)</u>	<u>RMH CODE(s)</u>	<u>RMS ORD#</u>	<u>INV#</u>
L FOREARM	73090	73090	90006	1

FOREARM

CLINICAL: F/U FX

REPORT: LEFT FOREARM WITH PLASTER DORSAL SPLINT, INCLUDING
ELBOW AND WRIST:

THE RADIUS AND ULNA APPEAR NORMAL WITHOUT EVIDENCE OF FRACTURE,
DISLOCATION OR PATHOLOGICAL DESTRUCTIVE PROCESS. NO ABNORMALITY IS
IDENTIFIED.

is a 56-year-old who fell on _____ and suffered a fracture of her left distal fifth metacarpal and fourth middle phalanx. She has done well with respect to these fractures but presents complaining of left elbow pain and inability to fully extend her elbow.

On physical examination she is neurovascularly intact. She has about 140 degrees of extension. X-rays revealed a capitalum fracture.

The patient's condition was discussed with her. Operative risks and nonoperative treatment were discussed at length and she elected to undergo surgery for this. She will have open reduction and internal fixation or excision of the fragment. Of note, the patient has emphysema and has an appointment this Friday to be evaluated for that. We have sent a letter requesting a preoperative statement from her physician regarding her fitness for surgery. We will see her back in the clinic next week.

<u>EXAMINATION(s):</u>	<u>RAD CODE(s)</u>	<u>RMH CODE(s)</u>	<u>RMS ORD#</u>	<u>INV#</u>
L HAND PA-OBL-LAT	73130	73130	90007	2
L FOREARM	73090	73090	90007	3

=====

FOREARM

CLINICAL: F/U FX

REPORT: LEFT FOERARM INCLUDING ELBOW AND WRIST, PLUS LEFT HAND:

THERE ARE SPIRAL MINIMALLY DISPLACED FRACTURES OF THE PROXIMAL PHALANX OF THE LEFT RING FINGER AND OF THE LEFT FIFTH METACARPAL. THE FRACTURE MARGINS REMAINED DISTINCT AND THERE IS NO SIGNIFICANT CALLUS FORMATION OF HEALING.

MINIMAL DEGENERATIVE CHANGES ARE PRESENT IN THE DIP JOINTS OF THE SECOND THROUGH FIFTH DIGITS.

THERE ARE BONY IRREGULARITIES ALONG THE MEDIAL ASPECT OF THE HUMERUS SUGGESTING OLD TRAUMA. OTHERWISE THE FOREARM IS NORMAL IN APPEARANCE.

SPIRAL FRACTURES OF THE PROXIMAL PHALANX OF THE LEFT RING FINGER AND OF THE LEFT FIFTH METACARPAL.

FX2

<u>EXAMINATION(s):</u>	<u>RAD CODE(s)</u>	<u>RMH CODE(s)</u>	<u>RMS ORD#</u>	<u>INV#</u>
L ELBOW 1-2 VIEWS	73070	73070	90008	1
L HAND PA-OBL-LAT	73130	73130	90008	3

=====

ELBOW 1-2 VIEWS
CLINICAL: FX LT. WRIST

REPORT: VIEWS OF THE LEFT ELBOW WERE OBTAINED AND COMPARED TO A FOREARM STUDY DATED IRREGULARITY IN BONY FRAGMENT INVOLVING THE RADIAL ASPECT OF THE DISTAL HUMERUS IS IDENTIFIED, SECONDARY TO PRIOR FRACTURE. IT IS UNCHANGED IN POSITION AND ALIGNMENT FROM THE PRIOR STUDY.

HAND PA-OBL-LAT

CLINICAL:

REPORT: VIEWS OF THE LEFT HAND WERE OBTAINED AND COMPARED TO A STUDY DATED SPIRAL FRACTURES INVOLVING THE PROXIMAL PHALANX OF THE 4TH DIGIT AS WELL AS THE 5TH METACARPAL ARE IDENTIFIED. THE POSITION / ALIGNMENT OF THE FRACTURE FRAGMENTS IS UNCHANGED. THERE CONTINUES TO BE MINIMAL OVERRIDE AT BOTH FRACTURE SITES. THERE IS NOW SOME HEALING CALLUS FORMATION IDENTIFIED AT BOTH FRACTURE SITES.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9610
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 04
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 117
Code actual height to the nearest
centimeter.
(999) Unknown
46 inches X 2.54 = 117 centimeters
8. Occupant's Weight 023
Code actual weight to the nearest
kilogram.
(999) Unknown
40 18 Driver
50 pounds X .4536 = 23 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 9
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

Normal per interview
Kneeling or standing
for vehicle #2's
driver (based on reported
kinematics)

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 9

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☒ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of + 996

Delta V For Air Bag Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 96

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

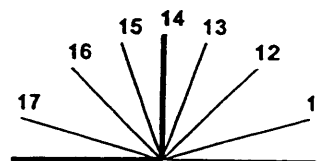
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints PER photos
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat PER photos
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat PER photos
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

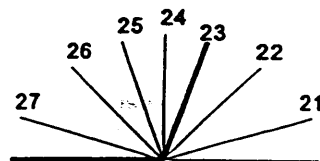
- (00) Occupant not seated or no seat
 (01) Not adjustable

*Per interviewee****Upright prior to impact***

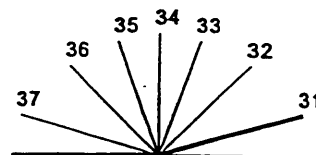
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 01

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 08
 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) 7 hours
 (00) Not fatal
 (96) Fatal - ruled disease 40 minutes
 (99) Unknown

67. 1st Medically Reported Cause of Death 05

68. 2nd Medically Reported Cause of Death 01

69. 3rd Medically Reported Cause of Death 02

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 12

Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 03
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): 2 Units of
 (9) Unknown if blood given least

73. Arterial Blood Gases (ABG) - HCO₃ 06
 (00) Not injured lowest
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured
Base Excess = -26

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 2
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify):
 (9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9610</u>	4. Occupant Number	<u>02</u>

INJURY DATA														
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.														
Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number					
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity									
Concussion with coma 1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>24</u>	10. <u>5</u>	11. <u>0</u>	12. <u>180</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>			
Cerebral edema 2nd	16. <u>2</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>72</u>	21. <u>4</u>	22. <u>3</u>	23. <u>180</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>			
Intraventricular hemorrhage 3rd	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>78</u>	32. <u>4</u>	33. <u>3</u>	34. <u>180</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>			
Subarachnoid hemorrhage 4th	38. <u>2</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>84</u>	43. <u>3</u>	44. <u>9</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>			
Atlanto-Occipital Dislocation 5th	49. <u>2</u>	50. <u>6</u>	51. <u>5</u>	52. <u>02</u>	53. <u>08</u>	54. <u>2</u>	55. <u>6</u>	56. <u>180</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>			
Fx, nondisplaced parietal 6th	60. <u>2</u>	61. <u>1</u>	62. <u>5</u>	63. <u>04</u>	64. <u>02</u>	65. <u>2</u>	66. <u>2</u>	67. <u>201</u>	68. <u>3</u>	69. <u>1</u>	70. <u>99</u>			
Laceration of lobe of Liver 7th	71. <u>2</u>	72. <u>5</u>	73. <u>4</u>	74. <u>18</u>	75. <u>20</u>	76. <u>2</u>	77. <u>1</u>	78. <u>151</u>	79. <u>2</u>	80. <u>1</u>	81. <u>99</u>			
Retroperitoneal hemorrhage 8th	82. <u>2</u>	83. <u>5</u>	84. <u>4</u>	85. <u>28</u>	86. <u>00</u>	87. <u>3</u>	88. <u>8</u>	89. <u>697</u>	90. <u>9</u>	91. <u>7</u>	92. <u>99</u>			
Contusion of forehead 9th	93. <u>3</u>	94. <u>2</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>7</u>	100. <u>180</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</u>			
Laceration of Tongue 10th	104. <u>3</u>	105. <u>2</u>	106. <u>4</u>	107. <u>34</u>	108. <u>02</u>	109. <u>1</u>	110. <u>8</u>	111. <u>180</u>	112. <u>1</u>	113. <u>1</u>	114. <u>00</u>			

OCCUPANT INJURY DATA

A.I.S. - 90

Source
of Injury
DataBody
RegionType of
Anatomic
StructureSpecific
Anatomic
StructureLevel of
InjuryA.I.S.
Severity

Aspect

Injury
SourceInjury
Source
Confidence
LevelDirect/
Indirect
InjuryOccupant
Area
Intrusion
NumberAccidents, 2
11th290202101801100Accidents, 3
12th
Week390202191801100

13th

14th

15th

16th

17th

18th

19th

20th

21st

22nd

23rd

24th

25th

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Beneath inflated
air bag
(FR)

Restrained?

☒ No (ET, ER, FR)
☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS = 3 T
(FR)

Units of Blood
Given

Units = 1
whole blood
(NN)

Arterial Blood Gases

pH = 6.92 61 81

PO₂ = 85 39 2

PCO₂ = 35 52

HCO₃ = 7 8

LER, IM (ER, IM,
lowest) FR-
Initial)

Not wearing seatbelt
(ET, FR)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Pt reportedly found on floor board
on front passenger's side under dash squard members (ET)

(ET, ER, FR)

⊕ Facial Swelling
(FR)

• No res, no
blood (ER)

• Blood in nose (FR)

• Neck very
tight
(NN)

Contusion ⊕ forehead without
deformity (ER)

• bleeding from mouth due
to biting of tongue
(ET, NN)

• Subcutaneous air
to neck + upper chest
(FR)

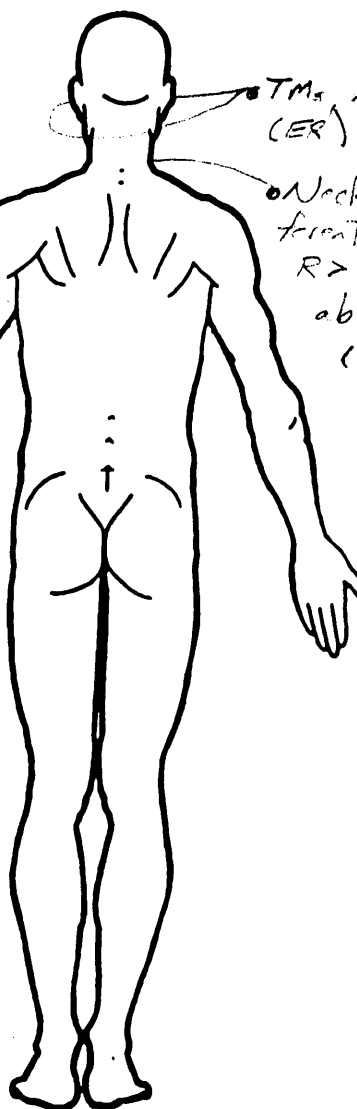
• No visible
abdominal trauma,
stable pelvis
(ER)

• No extremity trauma,
absent perfusion
(ER)

• Pt removed from vehicle by bystander, off in
progress on arrival (ET)

(ET)

• Pt not removed from vehicle by any means



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	beginning with 02.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with	To the extent possible,	(6) Posterior
(7) Upper Extremity	02.	within the organizational	(7) Superior
(8) Lower Extremity		framework of the AIS, 00	(8) Inferior
(9) Unspecified	The exceptions to this rule	is assigned to an injury	(9) Unknown
	apply to:	NFS as to severity or	(0) Whole region
		where only one injury is	
		given in the dictionary for	
		that anatomic structure.	
		99 is assigned to any	
		injury NFS as to lesion or	
		severity.	
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

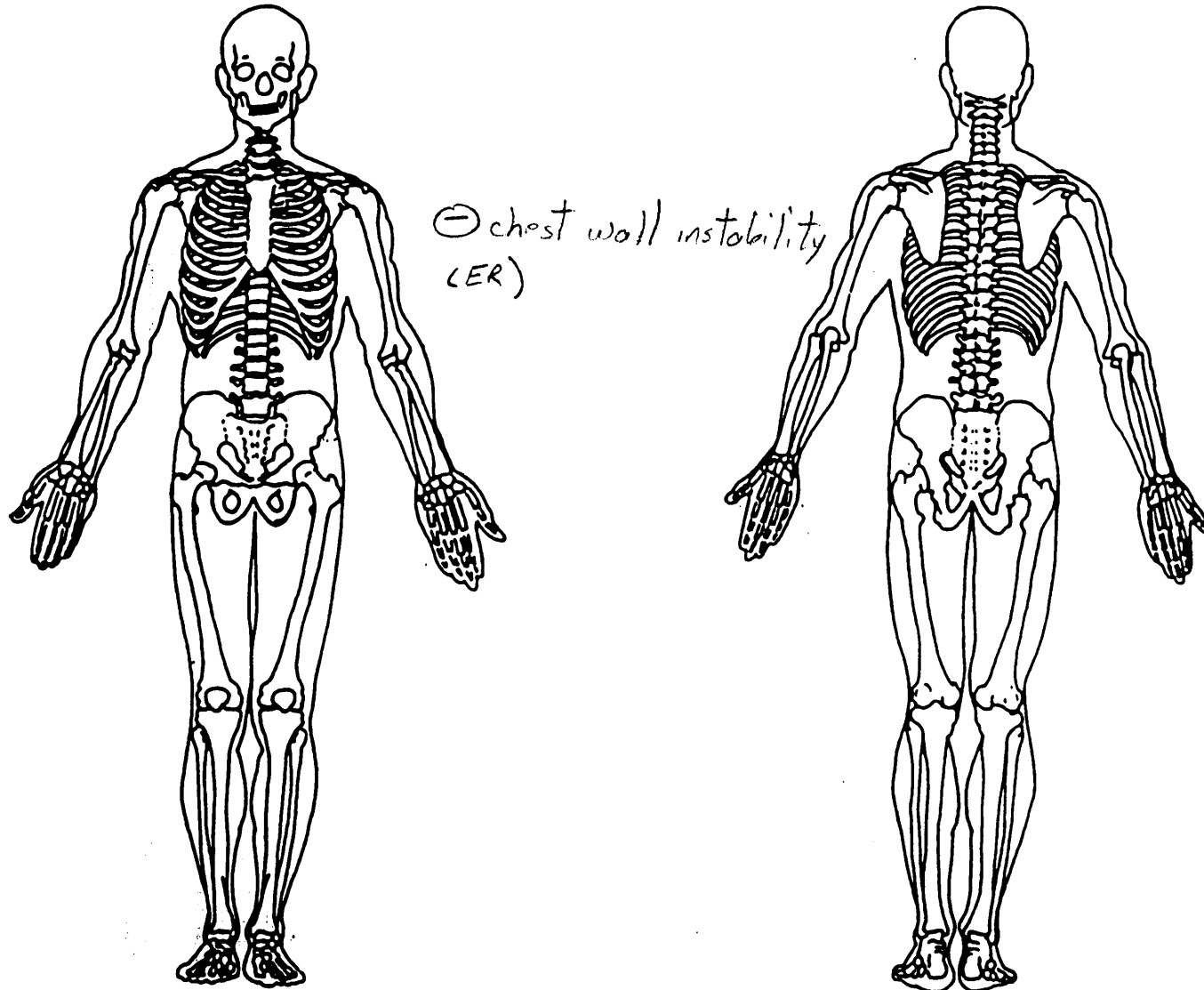
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Weight 20 kg (FR)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	EXTERIOR OF OTHER MOTOR VEHICLE
(010) Left instrument panel and below			(501) Front bumper
(011) Center instrument panel and below	INTERIOR		(502) Hood edge
(012) Right instrument panel and below	(151) Seat, back support		(503) Other front of vehicle (specify): _____
(013) Glove compartment door	(152) Belt restraint webbing/buckle		
(014) Knee bolster	(153) Belt restraint B-pillar or door frame attachment point	ROOF	(504) Hood
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(154) Other restraint system component (specify): _____	(201) Front header	(505) Hood ornament
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(155) Head restraint system	(202) Rear header	(506) Windshield, roof rail, A-pillar
(017) Windshield reinforced by exterior object (specify) _____	(160) Other occupants (specify): _____	(203) Roof left side rail	(507) Side surface
	(161) Interior loose objects	(204) Roof right side rail	(508) Side mirrors
	(162) Child safety seat (specify): _____	(205) Roof or convertible top	(509) Other side protrusions (specify): _____
	(163) Other interior object (specify): _____	FLOOR	(510) Rear surface
(019) Other front object (specify): _____		(251) Floor (including toe pan)	(511) Undercarriage
	AIR BAG	(252) Floor or console mounted transmission lever, including console	(512) Tires and wheels
LEFT SIDE	(170) Air bag-driver side	(253) Parking brake handle	(513) Other exterior of other motor vehicle (specify): _____
(051) Left side interior surface, excluding hardware or armrests	(171) Air bag-driver side and eyewear	(254) Foot controls including parking brake	(514) Unknown exterior of other motor vehicle
(052) Left side hardware or armrest	(172) Air bag-driver side and jewelry	REAR	
(053) Left A (A1/A2)-pillar	(173) Air bag-driver side and object held	(301) Backlight (rear window)	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(054) Left B-pillar	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	(551) Ground
(055) Other left pillar (specify): _____	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	(598) Other vehicle or object (specify): _____
(056) Left side window glass	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
(057) Left side window frame	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
(058) Left side window sill	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	(602) Flying glass
(060) Other left side object (specify): _____	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(604) Air bag exhaust gases
RIGHT SIDE	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	(697) Injured, unknown source
(101) Right side interior surface, excluding hardware or armrests		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Eyes: Fixed, dilated, + unreactive
@ scene + in transport
(ET, ER)

• No spontaneous respirations
(ER, NN)

• Pupils fixed + dilated, no pulse,
(NN)

• ϕ neuro
(ER)

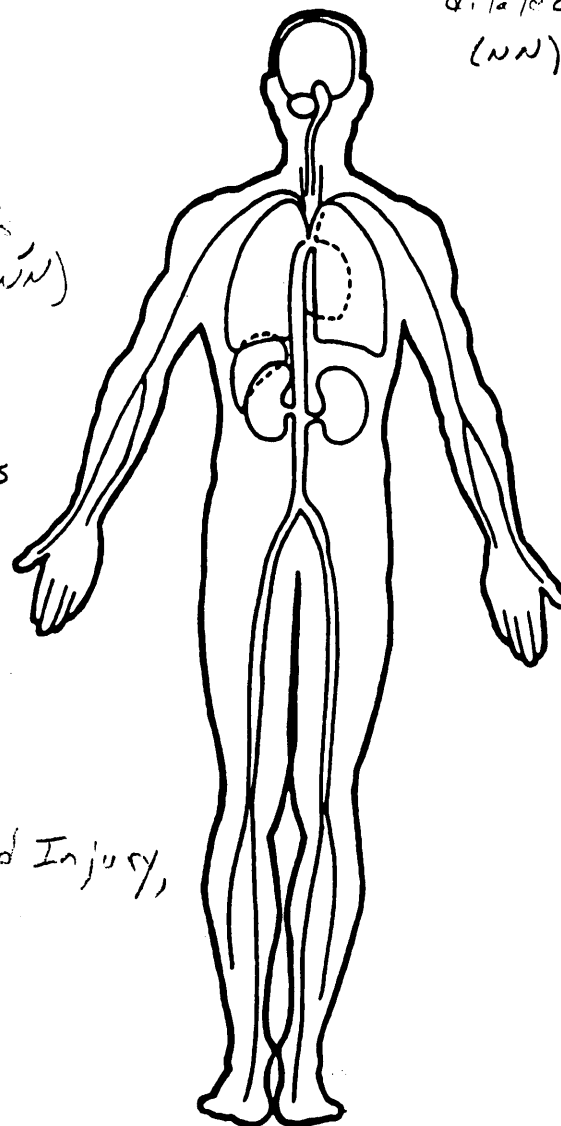
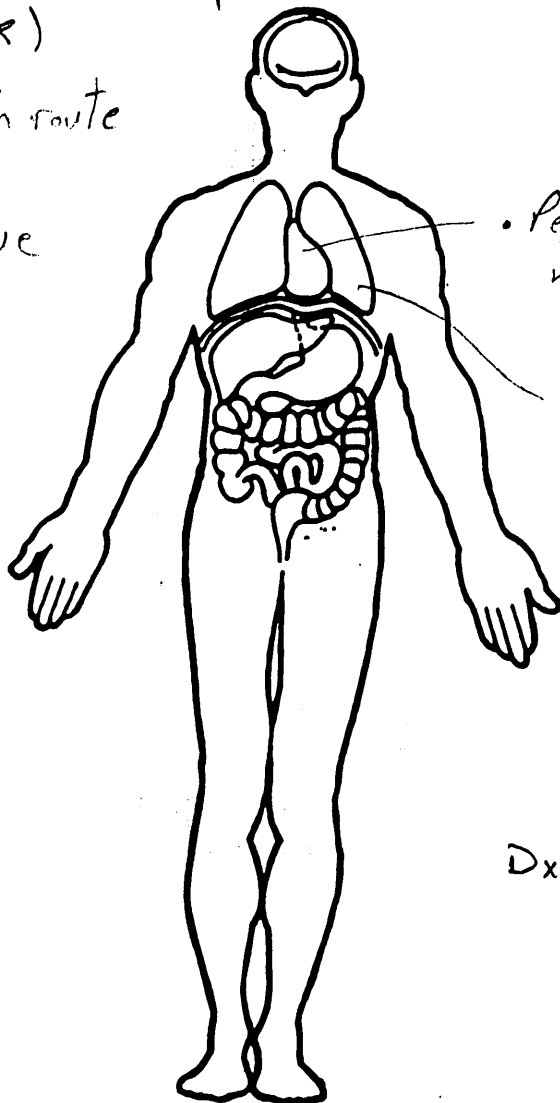
• Vomited in route
(NN)

• Unresponsive
(FR)

• Pericardiacentesis,
no return (ER, NN)

Atelectasis (L)
+ (R) upper lobes
(EX)

Dx: closed Head Injury,
coma
(ER)



CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

780.01 Coma
854.05 Intracranial injury of unspecified nature, not open, with prolonged LOC, without return to consciousness

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

IM = Immunology
FR = Helicopter Flight Operations Record

PRE-HOSPITAL PATIENT CARE REPORT

Invoice

Agency

Pt. Location:

Location ID:

PATIENT'S

NAME:

Address

City/State/ZIP

Spouse

Parent/Guardian

Office Address

Medicare #

Medicaid #

Resource #

Hx:

☐ Diabetes☐ Heart Disease☐ High BP☐ Stroke☐ COPD☐ Psych☐ Seizure☐ Terminal

Allergies:

NKA

Meds:

NONE

Patient's Physician

Other Units

Fire

Law Officer

County of:

Unit

Agency #

Incident #

Hospital:

AGE

Year

Day

Race

Sex

DOB

14

Mon

Hour

14

F

SSN

Insurance #

TIMES (24 hour format)

H	M	M	M
1	3	1	3
1	3	1	7
1	3	2	3
1	3	3	0
1	3	4	9
1	5	5	0
1	6	1	6

INCIDENT OCCURRED
CALL REC. BY AGENCY
UNIT ENROUTE
ARRIVE/SCENE
LEAVE SCENE
ARRIVE/DESTINATION
LEAVE DESTINATION
TIME IN SERVICE

CHIEF COMPLAINT:

57,473 END Mileage
57,421 START Mileage
51 Total Mileage

This space is for your agency's use:

CPR started P.D.
to Squad #11/14

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATION <input type="checkbox"/> Assisted	PULSE	BP	SKIN	PUPILS	SCORES	CARDIAC RHYTHM
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg 2 Irreg <input type="checkbox"/> MAST	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg 2 Irreg <input type="checkbox"/> MAST	1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON	GCS Trauma CRAMS APGAR	wait/sec.
	1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive	Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg 2 Irreg <input type="checkbox"/> MAST	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg 2 Irreg <input type="checkbox"/> MAST	1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm	1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON	GCS Trauma CRAMS APGAR	wait/sec.
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TYPE OF CALL	MEDICAL COMPLAINT	SITE OF INJURY	1	enter the TRAUMA TYPE #	enter the TRAUMA TYPE #	TRAUMA TYPE #	PROCEDURES
1 Accident/Farm	1 Abdominal Distress	Abdomen, lower				1 Abrasion	1 O2 Nasal Cannula RATE: Min.
2 Accident/Home	2 Anaphylaxis	Abdomen, upper				2 Amputation	2 O2 Simple Mask RATE: Min.
3 Accident/Industrial	3 Asthma	Ankle				3 Bleeding/SEVERE	3 O2 NRB Mask RATE: Min.
4 Accident/Marine	4 Cardiac	Arm, lower				4 Bleeding/Moderate	4 O2 Positive Pressure
5 Accident/MVA	5 Cardiac Arrest	Arm, upper				5 Bleeding/Minor	5 AED
6 Accident/Sports	6 Choking	Back, lower				6 Burn/Trauma	6 AWY-Nasopharyngeal
7 Assault	7 Cold Exposure	Back, upper				7 Burn/Chemical	7 AWY-Oropharyngeal
8 Bite/Sting	8 Coma/Unconscious	Buttocks				8 Burn/Electrical	8 Airway Cleared
9 Distressed Newborn	9 Communicable Disease	Chest	6, 16	6, 16		9 Burn/Thermal	9 Assist Delivery
10 DOA	10 COPD	Ear				10 Confusion	10 Bleeding Controlled
11 Drowning	11 Diabetic Reaction	Eye				11 Crush Injury	11 Chest Decompression
12 Fall	12 Difficulty Breathing	Face				12 Electrocutation	12 CPR
13 Fire	13 Dizziness	Finger(s)				13 Flail Chest	13 Cold Applied
14 Gunshot Wound	14 Drug Reaction	Foot				14 Frx/Dislocation	14 Cricothyrotomy
15 Hazardous Materials	15 Fever	Genitals				15 Head Trauma	15 Defib-Cardioversion
16 Medical Emergency	16 Headache	Hand				16 Internal Injuries	16 Endotr. Tube Size
17 MUTUAL AID	17 Heat Exposure	Head/Scalp	15	15		17 Laceration	17 EKG Monitor
18	18	Knee				18 Pneumothorax	18 EQA
19	19					19	19 EXT. Pacemaker
20	20					20	20 Extrication
21	21					21	21 Heart Lung Resus.
22	22					22	22
23 Substance Abuse	23 Seizures/Convulsions			17, 16		23 Sucking Chest	23
24 Suicide	24 Stroke/CVA					24 Tension Pneumothorax	24 Nebulizer-hand held
25 Transport/Critical	25 Substance Abuse					25 Other:	25 NG Tube Size
26 Transport/Routine	26 Terminal Illness	Wrist				26 Other:	26 PTL Airway
27 Other:	27 Other:	Other:				27 Other:	27 Bag-Valve-Mask

HISTORY OF PRESENT ILLNESS/PHYSICAL EXAM/OTHER INFORMATION: Arrived on scene to find 4 YOWF. PT involved in MVA. Vehicle in which PT was involved involved another vehicle. PT not wearing seat belt. PT found on floor behind driver's side / Front. PT w/ no Respirations. AD. PT's neck strap prior to Squad arrival by Paramedics. PT's airway secured w/ oral airway inserted. PT Resp. Bagged w/ 100% O₂ Bvg Mask. CPR Card. Pulse checks throughout, unable to get good air exchange w/ Bagging. Lung sounds noted bi-laterally. J.V. N/S established (L) A/C Running Bolus of Fluid, secondary survey revealed no apparent injuries, suspected possible spine injury / internal injury. Bleeding from mouth due to biting of tongue. PT turned over to shift. Continued to work Code. PT transported to

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME or RATE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEMPS
Peripheral IV #1	N/S	② HC	KUB	32	13:35	SPS	2	1
Peripheral IV #2			wide open					
External Jugular								
Internal Jugular								
Subclavian								
Intraosseous								

W/pulse!

U.9 heli. Optor. P

IV BOX: OLD# NEW#
OLD# NEW#

DRUG BOX: OLD# NEW#

PHYSICIAN DEA NUMBER:

NARCOTICS ACCOUNTED FOR (sign):

	DRUG	DOSE/ROUTE	TIME	INIT	DOSE/ROUTE	TIME	INIT	DRUG	DOSE/ROUTE	TIME	INIT	DOSE/ROUTE	TIME	INIT
1	Albuterol						13	Ipecac						
2	Alupent						14	Lasix						
3	Aminophylline						15	Lidocaine						
4	Atropine						16	Lidocaine						
5	Bonadryl						17	Morphine						
6	Brethium						18	Narcan						
7	Bronkazol						19	Nitroglycerine						
8	Demerol						20	Sodium Bicarbonate						
9	Dextrose 50%						21	Thiamine						
10	Dopamine						22	Valium						
11	Epinephrine 1:1000						23	Solu-Medrol						
12	Epinephrine 1:10000							Other						
13	Other							Other						

MVA TYPE			MVA IMPACT		RESTRAINTS		NO PATIENT		TRANSPORT		NON-TRANSPORT		METHOD OF CONTACT	
1 <input checked="" type="checkbox"/> Auto	2 <input checked="" type="checkbox"/> Motorcycle	3 <input type="checkbox"/> Truck	1 <input checked="" type="checkbox"/> FR LEFT	2 <input type="checkbox"/> FR RIGHT	1 <input type="checkbox"/> None	2 <input type="checkbox"/> Lap	1 <input type="checkbox"/> Cancelled	2 <input type="checkbox"/> False Call	1 <input type="checkbox"/> From Scene	2 <input type="checkbox"/> Patient Refusal	1 <input type="checkbox"/> COR-MED	BASE STATION CONTACTED Time: _____ PHYSICIAN		
4 <input type="checkbox"/> Pedestrian	5 <input type="checkbox"/> Bicycle	6 <input type="checkbox"/> ATV	3 <input type="checkbox"/> Undetermined	4 <input type="checkbox"/> FR RIGHT	3 <input type="checkbox"/> Lap & Shoulder	3 <input type="checkbox"/> GDA	3 <input type="checkbox"/> Level of Care	3 <input type="checkbox"/> No Stress or Injury	3 <input type="checkbox"/> Transfer	3 <input type="checkbox"/> DOA	2 <input type="checkbox"/> HEAR			
LOCATION IN VEHICLE			1 <input type="checkbox"/> Ejected		4 <input type="checkbox"/> Child Car Seat	4 <input type="checkbox"/> Unable to locate	4 <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS	4 <input type="checkbox"/> Public Service	4 <input type="checkbox"/> Treated - Transferred to	4 <input type="checkbox"/> PD	4 <input type="checkbox"/> Cellular			
1 <input type="checkbox"/> FR LEFT	2 <input type="checkbox"/> FR RIGHT	3 <input type="checkbox"/> Overtaken Vehicle	1 <input type="checkbox"/> Single Vehicle	2 <input type="checkbox"/> Multiple Vehicle	5 <input type="checkbox"/> Airbag	5 <input type="checkbox"/> Stand By	5 <input type="checkbox"/> Pulse on Arrival at Destination	5 <input type="checkbox"/> Helicopter <input type="checkbox"/> Ambulance	5 <input type="checkbox"/> POV	5 <input type="checkbox"/> Direct				
4 <input type="checkbox"/> FR LEFT	5 <input type="checkbox"/> FR RIGHT	6 <input type="checkbox"/> Trapped Pinned Time: _____	4 <input type="checkbox"/> Other:		6 <input type="checkbox"/> Other:		6 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6 <input type="checkbox"/> Other	6 <input type="checkbox"/> Standing Orders					

REFUSAL OF SERVICE/DISCLAIMER: I HEREBY REFUSE THE SERVICES, TREATMENT, AND/OR TRANSPORTATION RECOMMENDED AND OFFERED TO (ME/MY), _____ (PRINT NAME / RELATIONSHIP TO PATIENT) _____ BY THE PERSONNEL, AND UNDERSTAND THAT I ACCEPT FULL RESPONSIBILITY FOR ANY CONSEQUENCES OF SUCH REFUSAL. I FURTHER RELEASE THE INDIVIDUAL _____ AGENCY NAME _____ PERSONNEL AND THE _____ HOSPITAL/S FROM ANY LIABILITY FOR INJURY, LOSS, OR DAMAGE WHICH I SUFFERED OR _____ PATIENT NAME _____ MAY SUFFER, BOTH KNOWN AND UNKNOWN, AS A RESULT OF MY REFUSAL OF SUCH SERVICES, TREATMENT, AND/OR TRANSPORTATION.

Patient signature: _____

Witness:

Witness:

AIC (print)_
ATTENDANT (print)_
ATTENDANT (print)_
OPERATOR (print)_

INIT
INIT
NIT
VIT

Cert #
Cert #
Cert #
Cert #

Sign:
Sign:
Sign:

Physician's Notes/Orders:

Signature: _____

Technician's Run Review Y/N • Physician's Run Review Y/N • Physician Name (print)

ATTACH EKG STRIPS TO PINK COPY

COPIES TO: WHITE - AGENCY • PINK - PATIENT'S CHART • YELLOW - DATA ENTRY • GOLDENROD - PHARMACY

<input type="checkbox"/> EMERGENCY		<input type="checkbox"/> URGENT		<input type="checkbox"/> NON-URGENT		CODE <input type="checkbox"/> TX2 <input type="checkbox"/>		ENT <input type="checkbox"/>		GYN <input type="checkbox"/>		CAST <input type="checkbox"/>		<input type="checkbox"/> OTHER		
NAME _____										DATE _____		TRIAGE TIME (24 HR) _____				
CHIEF COMPLAINT _____																
ADDITIONAL NOTES _____																
MEDICATIONS _____																
ALLERGIES _____ SIGN _____																
PULSE	B/I	O2 SAT	WEIGHT KG	SKIN COLOR	CONDITION ON EVALUATION					GCS						
		TEMP	RESP							(3)	MAX INITIAL PHYSICIAN CONTACT on arrival					
<p>healthy 4yo unrestrained passenger front seat of car which struck truck; thrown under dash; extruded jaw EMS i/v's no spontaneous respis, dilated pupils (B), difficult airway enroute.</p> <p>c-collar b-brand; comatose, unresponsive no pulse or spontaneous respirations /hypervent - ETT 5.5 uncuffed to 17cm good (B) GS, Ø stomach, (A) ET CO₂ IV LRx2 CPR initiated upon arrival intubation (CHZ) (C) forehead 3 deformities TM/noises Ø blood or no visible injury; pupils fixed, fully dilated abg ① 6.81/52/392/8/100 weak ② > ③ circumferential abrasion i abrasions Ø girths ② 6.92/35/85/70/88 CTA Ø ETT Ø apical mass Ø chest wall instability ③ 6.84/73/82/12/83 QBS soft Ø possible abd trauma stable pupils pericardial effusion Ø return Ø extremely trauma absent perfusions Ø neuro pericardiocentesis</p> <p>IVLR → epi 2g → 4g → 8g for ST 5' pulse Δ V fib → shock 100-200-360 → ST 158 IVF → 120 BP 60+/p good lab perfusion CXR ETT Ø stomach abdomen 1.5cm → monitor good BS NGT/fly cstr ØVO funt CXR at bedside 30s - adnexa 4 144f 85L.O.S 780.0l no Δ, epi 8g IV - pulled ETT back 1½cm CX ② maintained, ④ leg hgs associated</p> <p><u>ETT = Endotracheal Tube</u></p>																

TIME	MEDICATION ORDERED AND DOSAGE	TIME AND INITIAL	POST PAIN LEVEL	PROG PAIN LEVEL	TIME	MEDICATION ORDERED AND DOSAGE	TIME AND INITIAL	POST PAIN LEVEL	PROG PAIN LEVEL	TIME	MEDICATION ORDERED AND DOSAGE	TIME AND INITIAL	POST PAIN LEVEL	PROG PAIN LEVEL
	IV LR x2					mantrol 30g IV					Totals to Pharmacist			
	epi fatiguer as above					head elevate 30°					mannitol - 1 bag			
	bicarb 20mg IV					hypercalcemia					Bicarb - 1 amp.			
	to type OO PRBC					20 - Bicarb.					epi - 3 amps			
LAB	trauma panel	INITIAL	LAB			RADIOLOGY	INITIAL	RADIOLOGY			Atrazine 1amp.	INITIAL	RADIOLOGY	INITIAL
LAB		INITIAL	LAB			RADIOLOGY	INITIAL	RADIOLOGY				INITIAL	RADIOLOGY	INITIAL

DISCHARGE CONDITION / DIAGNOSIS } closed head injury coma

DATE AND TIME OUT _____

DISCHARGE: ☐ HOME OTHER: _____ REFERRED TO: _____ ADMITTED RM. NO. _____

TRANSFER: ☐ RMH ☐ UVA ☐ CHRV ☐ OTHER: _____

PATIENT LOCATION ER

PATIENT NAME :
DATE OF BIRTH :
PHONE NUMBER :
ATTENDING PHYS: None/

DATE :
PATIENT #:
X-RAY # :
MED REC #:

EXAMINATIONS REQUESTED

1. Portable chest

CLINICAL HISTORY

The first of three films not labeled at the time shows a NG tube with the tip coiled in the fundus. Bowel gas pattern normal. Lungs are clear. Heart is midline.

A second film at _____ hours again shows a NG tube coiled in the stomach. An endotracheal tube is present with the tip in the right main stem bronchus. There is atelectasis of the left lung and the right upper lobe. A third film shows the NG tube just above the carina. There is atelectasis of part of the right upper lobe and the left upper lobe.

PROGRESS NOTES : NURSING

ANCILLARY SERVICES

Med. Floor	SCF/ICF	Recreat. Ther.
Surg. Floor	Therapy	Speech Ther.
ICU	Home Health	Dietary
OB/Nursery	Soc. Service	Other <u>EX</u>

(1)

DATE: PATIENT NAME ROOM #

arrive - CPR in progress - ^{ventr} no pulse & resp
 patient 10 on airway - ^{ventr} rhythm
 had vomited enroute. had head blocks
 & tie down. tie down initial - small
 tongue laceration bleeding in mouth -
 suctioned
 5/2 ET uncuffed (16.5) - BS ✓
 suction, 10 (R) AC blood set - 2000 K5 W/O.
 epi 2cc's 10 ventricular rhythm
 epi 4 cc's 10 - pw
 100% - preoxygenate / Anticipated in the code
 200% - pw
 360% - pw
 Epi 8mg. CPR
 pericardiocentesis 2 1/2 g - & return but
 now ST & pulse, bagging.
 bagging - Feley 10fr & return
 64/p 1417 - ABT 1423 XRAY 50/p
 Mannitol - 20cc's (200% W/O) 10p - XRAY 12 hr advanced to 17 1/2
 & output in Feley yet.
 suction 96 rate
 Hunt 0 neg hmg, 90/p
 & rate 32-40 Atropine 4cc #2 32-40
 CPR - neck feels tighter
 EPI 8mg
 Bicarb 20mg - ~~stomach empty~~ neck tighter

2

CXR Adjust tube - to 16 1/2

CPA

ST 104 - pulse

Pulse

(neck very tight)

Received

UE J 1512 Bicanb 20

Date Printed:

Adm Date:

Dis Date:

MR#

F 4Y. Pt.#

MVA

NO FAMILY DOCTOR

1

***** CHEMISTRY *****
 ===== CHEMISTRY PANEL 7 =====

COLLECTED

BUN 12
 CREA 1.1
 GLU 393 H
 NA+ 143
 K+ 3.8
 CL 115 H
 CO2 7 L
 BUN/CR RATIO 11
 OSMOLALITY 300
 ANION GAP 21

REFERENCE

6- 19 MG/DL
 0.5- 1.2 MG/DL
 70- 110 MG/DL
 135- 153 MMOL/
 3.5- 5.3 MMOL/
 98- 113 MMOL/
 24- 31 MMOL/

CALCULATED

CALCULATED

CALCULATED

***** HEMATOLOGY*****
 ===== CBC S+JR W/3 PART DIFF =====

COLLECTED

RELEASED

WBC 6.5 4.8- 10.8 X 10(3)
 RBC 2.8 L 4.20- 5.40 X 10(6)
 HGB 7.5 L 12.0- 16.0 G/DL
 HCT 23.5 L 37.0- 47.0 %
 MCV 81.2 81.0- 99.0 FL
 MCH 26.0 L 28.0- 32.0 PG
 MCHC 32.0 32.0- 36.0 G/DL
 PLT CT 129 L 130- 400 X10 (3)
 RDW 13.0 11.5- 14.5 %
 LYMPHS 55 H 25- 40 %
 MONO 6 2- 9 %
 GRAN 40 L 50- 80 %

***** IMMUNOLOGY*****
 ===== BLOOD GAS ARTERIAL =====

COLLECTED

pH 6.84 #L 6.92 #L 6.81 #L
 pCO2 73 #H 35 52 H
 pO2 82 L 85 392 H
 HCO3 12 7 8
 O2 SAT 83 88 100
 O2% CODE CODE CODE
 TIDAL VOLUME
 RATE
 PEEP

REFERENCE

7.35- 7.45 [H+]
 35- 45 MM HG
 85- 105 MM HG

CALCULATED

CALCULATED

CC

B/M

CM H2O

FLIGHT SHEET

Date:	Flight:	Patient Name:	Tall #:	Miles:	Time:	Airway Method:	Liters:	IMV:	VT:	FI02:	PEEP:	TT:	Position:																																				
Referral Agency:		Address:	IFRA/FR:	Block:		AV-DETT		30		100		5																																					
Referral Unit:		City:	State:	Zip:	Dispatch:	VENTILATOR		20	200	100																																							
Referral MD:		SSN:	DOB:	Age:	Uthor:	Arrive 3:																																											
Report From:		Weight:	2PK Sex:	F	Race:	W	Mar:																																										
Landing Site:		Family:	Phone #:		Arrive 1:																																												
Receiving Agency:		Insurance Co:			Depart 1:																																												
Receiving Unit:	PEDS ER	Policy Holder:			Arrive 2:																																												
Receiving MD:		Policy #:			Pilot 1:																																												
Agency Diagnosis:	H	UVA History #:			Crew 1:																																												
Allergies:	UNKNOWN	UVA Account #:			Crew 2:																																												
					Crew 3:																																												
<p># CHILD FOUND UNDER DASH BREATH INFLATED AIRWAY -</p> <p>(5) HPI: 4 YR OLD FOUND APNEIC UNRESPONSIVE PULSES 7 TRUCK IN PARK SHE WAS A FRONT SEAT PASSENGER UNBELTED IN TRUCK THAT T-BONED ANOTHER AND CRASHED EXTENSIVE DAMAGE TRUCK NEXT OFF OF HIGHWAY + INTO DITCH AND STRUCK STOP SIGN. PARENTS NOT INTRUD - CHILD REMOVED FROM TRUCK AND PLACED IN TRUCK AND - 13+ RESCUE OF CPR WAS IN ARRIVAL OF GLASGOW RS + 20 MINUTE TRIP TO ER + PDR AIRWAY MGMT PER REPORT OF SPIKE SECURED BY UPON ARRIVAL ER CHILD CODED + PDR EPI, ATROPINE AND ELECTRICAL SHOCK X4 - A PULSE DETECT EPR PERICARDIOTHESIS PERFORMED BY MD + RETURN OF SPONTANEOUS HE. CHILD WAS INTUBATED + CORD BS AND CHEST RISE PRE CODE - BUCKLE</p> <p>Home Medications: NORMAL SALINE + T. H. PRAC'S - ON PLEASANT ARRIVAL APPROX 10 HRS TO ACCIDENT - CHILD 7 YR AD. BY-DETT P30 + APPRO CHAT RISE.</p> <p>Hospital Medications: SNAAG AIR TO BELLY AND CHEST - IV X2 - CHILD ASSESSED PER CREW REPEAT TAKEN AND RAPID TRANSPORT TO HVA FOR PEDIATRIC TRAUMA STAT Medications: PIA: 20mg, DANALIN, EPI- 10mg, ATROPINE 5mg. EVAL:</p> <table border="1"> <tr> <th>Time</th> <th>HCT</th> <th>HGB</th> <th>WBC</th> <th>PLT</th> <th>Na</th> <th>K</th> <th>Cl</th> <th>CO2</th> <th>BUN</th> <th>Cr</th> <th>Glu</th> <th>pH</th> <th>PO2</th> <th>PO2</th> <th>CO2</th> <th>SpO2</th> <th>Settings</th> </tr> <tr> <td>08:00</td> <td>35</td> <td>11</td> <td>12</td> <td>150</td> <td>135</td> <td>4.0</td> <td>110</td> <td>22</td> <td>1.0</td> <td>0.8</td> <td>160</td> <td>7.35</td> <td>100</td> <td>100</td> <td>40</td> <td>98</td> <td>---</td> </tr> </table> <p>Other Labs: HCT + 20% -</p> <p>(C) Physical Exam:</p> <p>NEURO - UNRESPONSIVE, GCS = 3T, PUPILS WERE F + D (V) - WEAK PUPILS, PERR PERCUSSION, CYCLIC, PAIN F DELAYED REFILL PERIPHERALLY - IV X2 PATENT RESP - 5.5 MINUTE AFTER DETT, @ 08:05 + 08:00 CHEST RISE, SUBA EMPHYSEMA TO BELLY + CHEST (L) - SRT, NO MARKS -</p> <p>HE - EYES, I SCANT YELLOW MUCUS SKIN - (L) FACIAL SWELLING - ALLEN IN NAKES</p>														Time	HCT	HGB	WBC	PLT	Na	K	Cl	CO2	BUN	Cr	Glu	pH	PO2	PO2	CO2	SpO2	Settings	08:00	35	11	12	150	135	4.0	110	22	1.0	0.8	160	7.35	100	100	40	98	---
Time	HCT	HGB	WBC	PLT	Na	K	Cl	CO2	BUN	Cr	Glu	pH	PO2	PO2	CO2	SpO2	Settings																																
08:00	35	11	12	150	135	4.0	110	22	1.0	0.8	160	7.35	100	100	40	98	---																																
<p>(A) Assessment 1) S/P TRAUMA CODE</p> <p>Plan: 1) PAIS</p> <p>2) CANTED AIR CV NEURO STATUS ASSES</p> <p>3) PUPILS 20% (V) MAINTAIN PERCUSSION</p> <p>4) VENTILATOR + S-SPIRE MAINTAIN, 10 HRS, HEAD MIDLINE</p> <p>5) V. SAT O/P VLA MONITOR</p> <p>6) PDR ATTENDING MDC COMMAND PDR -</p>																																																	

Output Inflight	Begin	End	Total	Total Preflight Intake	Since	Inflight In	380	
Urine	0	10	10	Total Preflight Output	0	Since	Inflight Out	
Emesis/NG	CLAMPED			Equipment Borrowed: LAB, GLO -				
Chest Tube #1				Disposition: TO PEDS ER (GLASGOW R. 8)				
Chest Tube #2				Belongings: NONE				
Time	BP	HR	RR	SpO2	Temp	GCS	TS	Patient Condition, Treatment & Response
7:00	110	110	20	100	100	3T	4	Temp/Route:
-	110	110	20	96	100			TAKE-OFF - POOR PERCUSSION WEAK
-	100	100	20	94	100			EMERGENCY PUPILS - UNRESPONSIVE
7:30	98	98	20	100	100	3T	4	300 CC NIS ACQUIS - 10 PM 9/0
								PAD TO TRUNK ABDOMEN -
								CANTED BUCKLE AS
								ARRIVE HVA - REFILL 2 SEC
								CHILD PRESENTING WELL - PINK
								TO PEDS ER -

EKG Interpretation:	SINUS	Rate:	94	PR:		QRS:		Ectopy:																														
<p>Champion Trauma Scale</p> <p>TS-A: Systolic BP</p> <table border="1"> <tr> <td>> 90</td> <td>4</td> </tr> <tr> <td>76-90</td> <td>3</td> </tr> <tr> <td>60-75</td> <td>2</td> </tr> <tr> <td>1-45</td> <td>1</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> <p>TS-B: Respiratory Rate</p> <table border="1"> <tr> <td>10-20</td> <td>4</td> </tr> <tr> <td>> 20</td> <td>3</td> </tr> <tr> <td>6-9</td> <td>2</td> </tr> <tr> <td>1-5</td> <td>1</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> <p>TS-C: GCS</p> <table border="1"> <tr> <td>13-15</td> <td>4</td> </tr> <tr> <td>9-12</td> <td>3</td> </tr> <tr> <td>6-8</td> <td>2</td> </tr> <tr> <td>4-5</td> <td>1</td> </tr> <tr> <td>3</td> <td>0</td> </tr> </table> <p>Total</p> <p>6-12</p>									> 90	4	76-90	3	60-75	2	1-45	1	0	0	10-20	4	> 20	3	6-9	2	1-5	1	0	0	13-15	4	9-12	3	6-8	2	4-5	1	3	0
> 90	4																																					
76-90	3																																					
60-75	2																																					
1-45	1																																					
0	0																																					
10-20	4																																					
> 20	3																																					
6-9	2																																					
1-5	1																																					
0	0																																					
13-15	4																																					
9-12	3																																					
6-8	2																																					
4-5	1																																					
3	0																																					

Pupil Gauge (mm)	2	3	4	5	6
7	8	9	10	11	12

Crew 3 Signature	Medical Cor
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**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED**

Weight: ~50 lbs Height: 46" (ME)

• Prolonged extraction from vehicle ~20 minutes (DS)

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

unrestrained
passenger

TR, PR2, PR3
PR4, DS, ME

Restrained?

X No

Yes

TF, PR1, PR2
PR3, PR4, DS

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS = 3
(TF)

Units of Blood
Given

1 unit @ other hospital (TF)

Units = 1

Packed cells

(ER, PR4)

Arterial Blood Gases

pH = 7.01 6.96

PO₂ = 156 76

PCO₂ = 45 26

HCO₃ = 11 6

Bos e Excess -19 -26

(Initial) (Final)

(ER, LR) (LR)

• No car seat (TF)

Air Bag (PR4)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Massive facial
abrasions
(PR2, DS)

Neck: edematous
+ tense
(PR2, DS, CC)

Units = 1

• Child extrication from under dash without vital signs
or respirations, dilated pupils (TF, PR1, PR2)

• Apparently hit her head against the under dash, breast
inflated air bags* (PR4)

• Massive facial
swelling (TR, PR2, DS, CC)

blood in nares and
mouth (oozing) (TF, PR2, PR3,
DS, CC)
• Palpable subcutaneous
air in chest (TF)

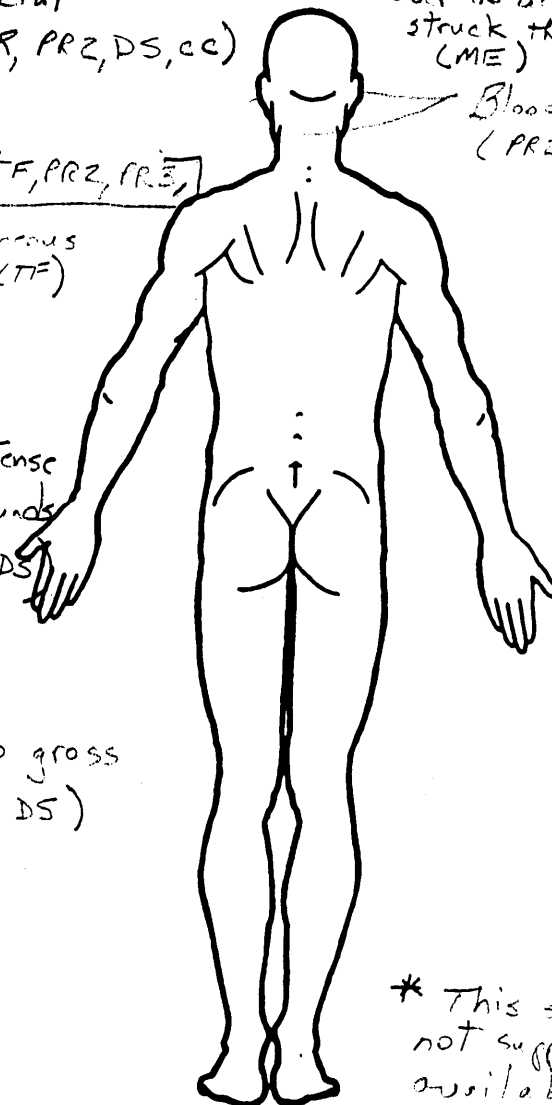
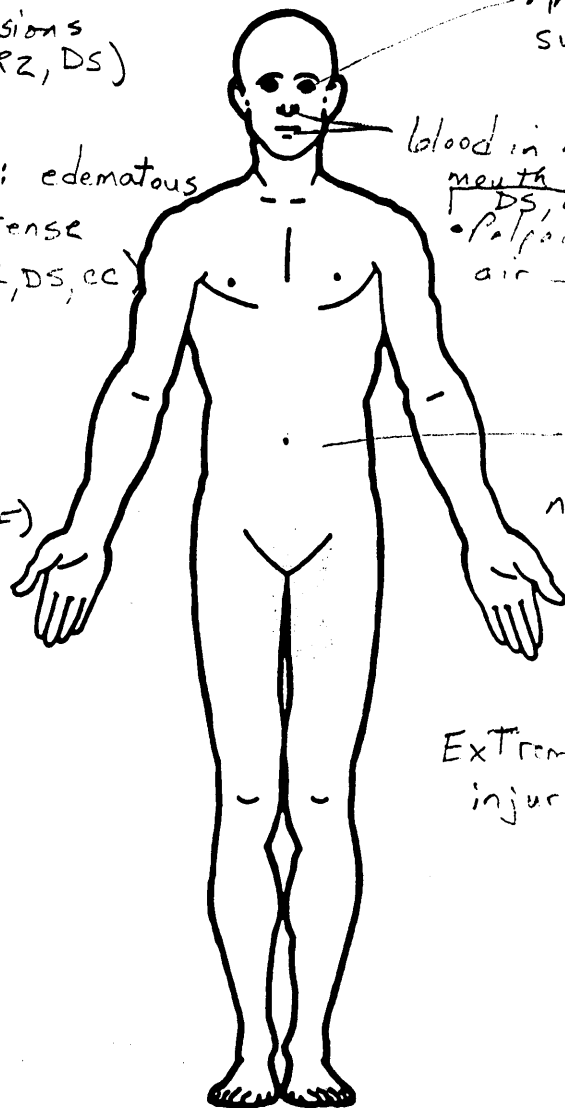
Abdomen: tense
no bowel sounds
(PR2, PR3, DS)

Extremities: No gross
injuries (PR2, DS)

• Child was projected*
over the air bag and
struck the windshield
(ME)

Blood both ears
(PR2, DS)

* This statement is
not supported by the
available evidence



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	The exceptions to this rule apply to:		
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	Head - LOC		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	Spine		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

*** Quadrigeminal plate cistern + 4th ventricle are not clearly seen

OFFICIAL INJURY DATA — SKELETAL INJURIES

Diffuse loss of cerebral + cerebellar gray-white differentiation indicating generalized cerebral edema; intraventricular hemorrhage in both lateral ventricles; subarachnoid hemorrhage — CT Head (PX2)

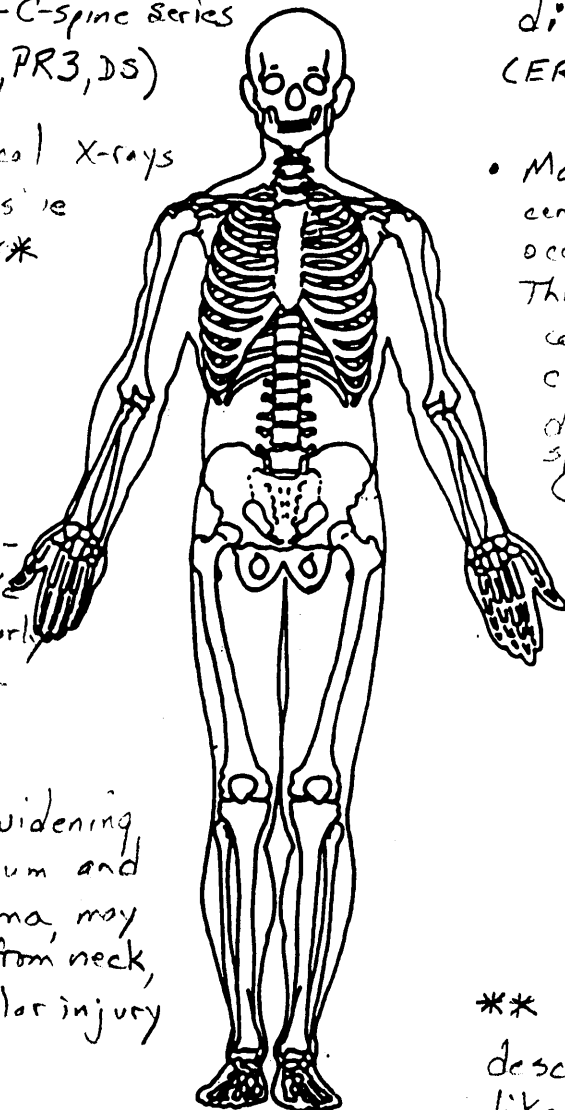
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Severe atlanto-occipital dislocation — C-spine series X-rays (PR2, PR3, DS)

- Lateral cervical X-rays showed a massive decapitation** (PR4)

- Chest X-ray: mediastinal widening; indistinctness of the aortic arch; early pulmonary edema (PX1)

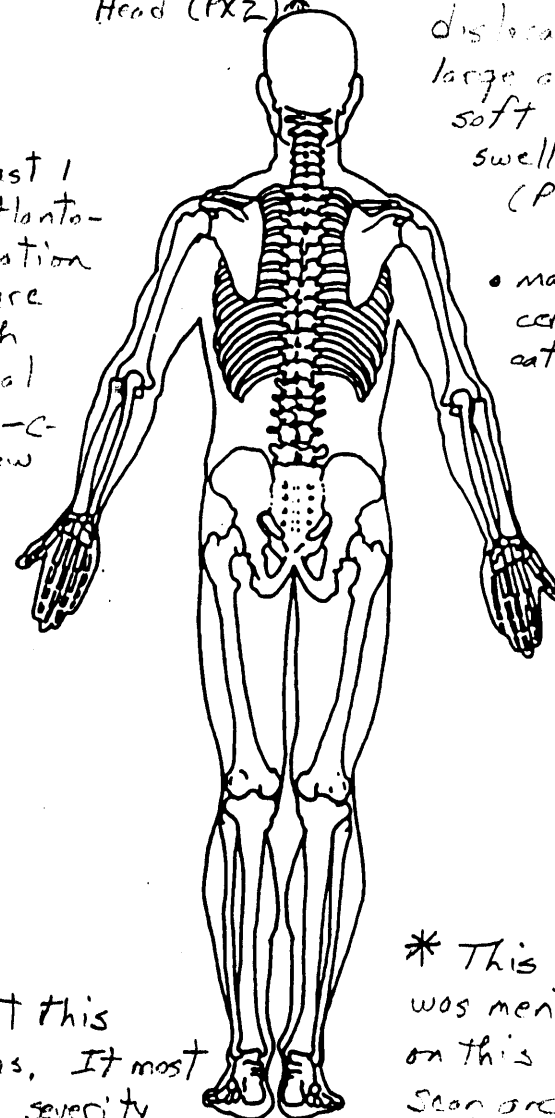
- Significant widening of mediastinum and perihilar edema, may be hemorrhage from neck, could be vascular injury (PX4)



- Atlanto axial dislocation (ER)

- Marked (at least 1 centimeter) of atlanto-occipital dislocation. These findings are consistent with craniovertebral disassociation — C-spine lateral view (PX1)

- (B) parietal, nondisplaced skull fracture — CT Head (PX2)*



- Atlanto occipital dislocation with large amount of soft tissue swelling — CT Scan (PR1, PX2)

- marked atlanto-cervical dislocation (ME)

** Unclear what this description means. It most like refers to the severity of the dislocation

* This skull Fx was mentioned only on this Head CT Scan and never mentioned by any other doctor.

INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify)	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify)	EXTERIOR OF OTHER MOTOR VEHICLE
(010) Left instrument panel and below	INTERIOR		(501) Front bumper
(011) Center instrument panel and below	(151) Seat, back support		(502) Hood edge
(012) Right instrument panel and below	(152) Belt restraint webbing/buckle	ROOF	(503) Other front of vehicle (specify): _____
(013) Glove compartment door	(153) Belt restraint B-pillar or door frame attachment point	(201) Front header	(504) Hood
(014) Knee bolster	(154) Other restraint system component (specify): _____	(202) Rear header	(505) Hood ornament
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(155) Head restraint system	(203) Roof left side rail	(506) Windshield, roof rail, A-pillar
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(160) Other occupants (specify): _____	(204) Roof right side rail	(507) Side surface
(017) Windshield reinforced by exterior object (specify)	(161) Interior loose objects	(205) Roof or convertible top	(508) Side mirrors
(019) Other front object (specify): _____	(162) Child safety seat (specify): _____	FLOOR	(509) Other side protrusions (specify): _____
	(163) Other interior object (specify): _____	(251) Floor (including toe pan)	(510) Rear surface
	AIR BAG	(252) Floor or console mounted transmission lever, including console	(511) Undercarriage
LEFT SIDE	(170) Air bag-driver side	(253) Parking brake handle	(512) Tires and wheels
(051) Left side interior surface, excluding hardware or armrests	(171) Air bag-driver side and eyewear	(254) Foot controls including parking brake	(513) Other exterior of other motor vehicle (specify): _____
(052) Left side hardware or armrest	(172) Air bag-driver side and jewelry	REAR	(514) Unknown exterior of other motor vehicle
(053) Left A (A1/A2)-pillar	(173) Air bag-driver side and object held	(301) Backlight (rear window)	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(054) Left B-pillar	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	(551) Ground
(055) Other left pillar (specify): _____	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	(598) Other vehicle or object (specify): _____
(056) Left side window glass	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
(057) Left side window frame	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
(058) Left side window sill	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	(602) Flying glass
(060) Other left side object (specify): _____	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(604) Air bag exhaust gases
RIGHT SIDE	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	(697) Injured, unknown source
(101) Right side interior surface, excluding hardware or armrests		(408) Modification to seat belts. (specify): _____	
		(409) Additional or relocated switches. (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA —INTERNAL INJURIES

- Unresponsive to painful stimuli (TF, PR2, PR3, DS, CC)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Flaccid in ER
(this facility)

(PR1, PR2, PR3, DS, CC, ME)

AP (C-spine) views disclosed
a massively enlarged neck
arteries (PR4)

• Liver laceration
— Body CT Scan

PR1 PR2, PR3,
DS, ME

• Edema, hemorrhage as well as
probable contusion
posterior (R) lobe of
liver — Abdomen CT (PX3)

• Global ischemia —
— Head CT (PR1, DS)

• Severe anoxic/ischemic
CH I — Head CT (PR2) and hemorrhages
— Head CT
• Chest X-rays show massive
pulmonary hemorrhage and/or
edema (PR4)

• Bilateral pleural effusions, R > L,
atelectatic portion (D) lower lobe,
no pneumothorax — Abdomen CT (PX3, PX4)

• Intra peritoneal
fluid — Body CT Scan
(PR2, PR3, DS)

• Abdominal CT
disclosed massive
retroperitoneal
hemorrhage (PR4, PX4)

• Pupils fixed + dilated, apneic + pulseless
(ER, PR1, PR2, DS, ME)

• No corneal reflex
pupils nonreactive
(PR2, DS)

• Apneic for
at least 20
minutes before
receiving CPR
(PR4)

Dx: Brain death 2° to
ischemia from consequences
of atlanto-occipital dislocation
sustained in MVA (PR1, ME)

Dx: Atlanto-occipital dislocation
with severe anoxic/ischemic
brain injury (PR2, PR3)

CAUSE OF DEATH

BEST AVAILABLE

Time: 2035 CPR1, PR2, DS, ME)
 Death due to atlanto-occipital Dislocation and severe
 hypoxic ischemic brain injury (DS, ME)

ICD-9-CM

854.05 Intracranial injury of unspecified nature, not open, with
 prolonged LOC, without return to consciousness
 864.09 Injury to liver, not open, other injury

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
KX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

LR = Laboratory Record TF = Trauma Flow Sheet
 PR# = Progress Record LS = Death Summary
 CC = Critical Care Assessment (i.e., Discharge Summary)

ACCT #: BEST AVAILABLE

CHART ORDERED		DATE:		TIME IN		ACCT #:		BEST AVAILABLE	
N	LOG	HISTORY NO.	PATIENT NAME		DATE OF BIRTH	AGE	SEX	RACE	M. STAT.
PATIENT ADDRESS - STREET CITY, STATE, ZIP CODE					HOME PHONE NO.	MEANS OF ARRIVAL			
NEXT OF KIN					OTHER				
PATIENT PHYSICIAN / CLINIC					CODE	INSURANCE			
OUT FAM: NONE					OUT REF:				
COMPLAINT					TRANSFERRING HOSPITAL			DATE OF LAST TETANUS	
VITAL SIGNS	B/P	PULSE	RESP.	TEMP.	MEDICATION ORDERS		TIME	MD	R.N.
50/	✓	31.8			1.				
WEIGHT					2.				
~20kg					3.				
MEDS					4.				
ALLERGY					5.				
E.R. - ATTENDING PHYSICIAN	M.D. TIME IN				6.				
440, W F					pulseless. asens in the				
field taken to					fixed dilated pupils				
apneic & pulseless intubated, lines placed					GLUC 291				
PH 6.8 CXR obtained C spine protected					NA 142				
IV fluids given I U Packed cells given					K 4.8				
PE - Fixed and dilated pupils					CL 117				
Poor peripheral perfusion					CO ₂ 13				
(+/-) femoral pulses					BUN 9				
ET tube in place - bilateral					CREAT 1.0				
Good heart sounds					7.0				
Abdomen soft N6 in place					4.5				
Neuro tone rectal tone					156				
Foley in place					C spine				
C spine					CXR done				
Neurosurgery present					C spine				
Peds surgery present					CXR done				
to CT					C spine				
Family on their way					CXR done				
there way					C spine				
Allantoxial dislocation					CXR done				
1.					3. DISPOSITION: <input type="checkbox"/> HOME <input type="checkbox"/> CLINIC <input type="checkbox"/> WARD <input checked="" type="checkbox"/> ICU <input type="checkbox"/> OTHER				
2. SIGNATURE					4. CONDITION ON DISCHARGE: <input type="checkbox"/> IMPROVED <input type="checkbox"/> STABLE <input type="checkbox"/> GUARDED <input type="checkbox"/> CRITICAL <input type="checkbox"/> EXPIRED				

ARRIVAL TIME: _____ INJURY TIME: _____ TRANSFERRED FROM: _____
ARRIVED BY: HELICOPTER: _____ SQUAD: _____ ALS / RLS
DOCUMENTATION RECEIVED: RECORD X-RAYS CT SCAN
MECHANISM: MVA DRIVER/PASSENGER LOCATION IN VEHICLE: Front Seat CARSEAT Y/N
RESTRAINT: TYPE: 2 VEHICLE DAMAGE: hunk
VEHICLE SPEED: HIGH/LOW ROLLOVER EJECTED HEAD-ON BONE REAR-END
PEDESTRIAN STRUCK/FALL: SPEED OF VEHICLE/HEIGHT OF FALL: _____
GSW/STAB: CALIBER/SIZE OF WEAPON: _____ DISTANCE: _____
OTHER: _____
PAST MEDICAL HX: CARDIAC RENAL RESPIRATORY HTN DIABETIC OTHER: all clear
MEDICATIONS: gabapentin
ALLERGIES: _____ APPROX. WT: _____ KG
LAST MENSTRUATION: _____ LAST TETANUS: _____

HPI: Head 49 mm and para front seat of vehicle that struck head child entire
from under the IV's a deep laceration on the forehead BVM was used to breathe 5:57
stop 2:11 L.P. CPR until PALS arrived GCS 15/15/15 at scene 15 minutes

FAMILY NOTIFICATION: NOTIFIED/ENROUTE PHONE CONSENT Y/N UNABLE TO NOTIFY
CONTACT PERSON: _____ PHONE: _____

PREHOSPITAL INTERVENTION

AIRWAY: ORAL/NASAL COMBI INTUBATED	SERVICE	TIME	PTA	NAME
O2: HIGH FLOW CANNULA NONE	TRAUMA RES	---	---	---
IV ACCESS: CA 22 TOTAL FLUID 1500	TRAUMA CHIEF	---	---	---
IV ACCESS: CA 22 TOTAL FLUID	NEURO SCY	---	---	---
IMMOBILIZED Y/N	ANESTHESIA	---	---	---
CPR ON TIME BEGUN: _____	ORTHOPEDICS	---	---	---
PROCEDURE: _____	RADIOLOGY	---	---	---
PROCEDURE: _____	RESP CARE	---	---	---

PRIMARY SURVEY

AIRWAY: PATENT OBSTRUCTED
INTERVENTION: ORAL/NASAL AIRWAY SIZE _____ MM
INTUBATED: ORAL/NASAL SIZE 5.5 MM DEPTH _____ CM
PROCEDURE: CRIC SIZE _____ MM DEPTH _____ CM

BREATHING: NO DISTRESS DISTRESSED <10 >26 ASSISTED BVM/VENT
EXPANSION: SYMMETRICAL/ASYMMETRICAL FLAIL R/L TRACHEAL DEVIATION R/L
INTERVENTION: O2-HIGH FLOW ASSISTED-BVM
CHEST TUBE R/L SIZE _____ FR AMT OUT _____ CC
CHEST TUBE R/L SIZE _____ FR AMT OUT _____ CC

CIRCULATION: SKIN: WARM DRY MOIST COOL PINK PALE CYANOTIC
CAP REFILL: BRISK DELAYED NONE
PULSES PRESENT: RADIAL R/L weakly FEMORAL R/L CAROTID R/L
OBVIOUS BLEEDING SITE: 100% forehead

INTERVENTION: BLEEDING CONTROL
IV ACCESS: CENT/PERIPH SITE CA 27 G/LR BY
IV ACCESS: CENT/PERIPH SITE CA 27 G/LR BY
PROCEDURE: THORACOTOMY ACLS PROTOCOL ATLS PROTOCOL
OTHER: _____

DISABILITY: AWAKE RESPONDS TO VERBAL RESPONDS TO PAIN UNRESPONSIVE

SECONDARY SURVEY

TIME: _____

NEURO: MENTAL STATUS: V P U GCS: E 1 V 1 M 1 fixed
PUPILS: R 4mm L 4mm EOM: INTACT DEFICIT
DRAINAGE (NASAL/EARS R/L): CLEAR/BLOODY
MOTOR AND SENSORY: GROSSLY INTACT DEFICITS
OTHER: _____

RESPIRATORY: TRACHEA: MIDLINE DEVIATED R/L
CHEST EXPANSION: SYMMETRICAL/ASYMMETRICAL FLAIL R/L
RESP EFFORT: UNLABORED 12-18/MIN DISTRESSED <10 >26 absent
BREATH SOUNDS: absent L absent
OTHER: pop 2:11 on forehead chest

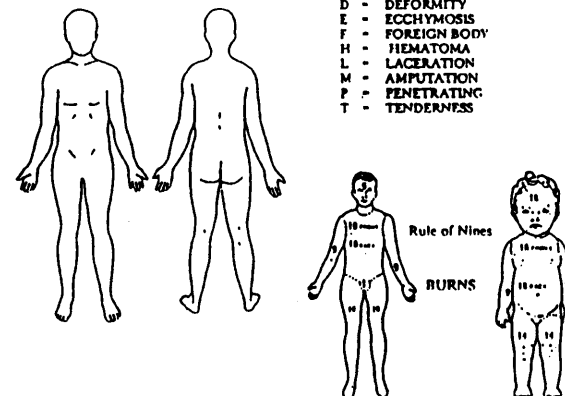
CARDIOVASCULAR: SKIN: WARM/COOL OTHER: pale cool
CAP REFILL: NORMAL delayed
PULSES: RADIAL R/L FEMORAL R/L CAROTID R/L
HEART SOUNDS: S1, S2 RUB MURMUR OTHER: clear
OTHER: _____

GI/GU: ABD: SOFT NONTENDER FLAT FIRM RIGID DISTENDED TENDER
PELVIS: STABLE UNSTABLE
BOWEL SOUNDS: Y/N OTHER
RECTAL: HEME: + 100% ML
BLOOD AT URINARY MEATUS: yes
OTHER: _____

INTERVENTIONS

TIME	TIME IN	TIME OUT
<u>04:00</u> CARDIAC MONITOR	<u>PTA</u>	PORTABLE C-SPINE, PELVIS, CHEST
<u>04:05</u> NIBP	<u>TC</u>	PLAIN FILMS
<u>04:10</u> PULSE OXIMETER	<u>TC</u>	CT
<u>04:15</u> 12 LD EKG	---	A-GRAM
<u>04:20</u> POLE SIZE _____ HEME: <u>+</u>	---	REPEAT
<u>04:25</u> NG/OG SIZE _____ HEME: <u>+</u>	---	REPEAT
<u>04:30</u> ICP BOLT	---	---
<u>04:35</u> A-LINE: RAD R/L FEM R/L	---	---
<u>04:40</u> DPL	---	---
<u>04:45</u> OTHER	---	---
---	C-SPINE CLEARED BY: _____	---
---	C-COLLAR REMOVED BY: _____	---
---	BACKBOARD REMOVED BY: _____	---

MUSCULOSKELETAL



2	3	4	5	6	7	8	9
PIL CHARGE Disaster by _____							
GLASGOW COMA SCALE EYES: Open to speech, rough touch, verbal command, painful stimuli, no response VERBAL: Oriented, converses, appropriate words, inappropriate words, incomprehensible sounds, no response MOTOR: Obey command, localizes pain, flexion/withdrawal, abnormal flexion, no response							
PEDIATRIC GCS EYE OPENING: Spontaneous, to verbal command, shout, to pain, no response BEST VERBAL RESPONSE: > 5 years, oriented, confused, disoriented, words, inappropriate words, no response 2-5 years, oriented, phrases, words, cries, moans, grunts, no response 0-23 months, smiles, coos, cries, whimpering, cries, inappropriate crying, screaming, moans, grunts, no response							
BEST MOTOR RESPONSE: Obey commands, localizes pain, withdraws (normal flexion), abnormal flexion (decorticate), extension (decerebrate), no response							

BEST AVAILABLE

PROGRESS RECORD

4 y.o. WF sustained critical injury in MVA as unrestrained passenger when her vehicle broadsided another car and went over into a ditch. Child was found pulseless + apneic after 20 minutes extrication, underwent no decontamination.

CPR was started at scene and cont'd. during 40 min transport to nearest medical facility. was intubated at

where ACLS protocol was started, and pulse + pressure re-established \bar{p} ~ 20 mm & resuscitation. Pupils remain fixed + ~~no~~ \bar{c} no spontaneous respirations. Bp was ~ 90/60 at time of transfer to UVA.

In E.D., Bp was 87/48 HR 115. Pupils were fixed + dilated + child was flaccid. Cx-caller was in place, however ^{however} neck was swollen + tense. Oral ETT + nasolaryngeal tube was in place as was NGT. Gonal BS ~~was present~~ ~~no~~ ~~was~~ soft but oral sphincter tone was absent. Hct (spun) was 26 Grit

Physical survey demonstrated atlanto-occipital dislocation & lq. out of soft tissue swelling.

CXR demonstrated widespread mediastinum global ischemia. Head CT demonstrated ^{demonstrated} consistent with global ischemia. Body CT demonstrated ^{demonstrated} consistent with global ischemia. pt. was declared dead + family approached re: organ donation.

PR1

Pt. was admitted to P.I.C.U. for support.
while family discussed organ donation &
parent.

Assessment. Brain death 20 to ischemia from
convergence of atlanto-occipital dislocation.
Sustained in MVA.

Plan - Pressor + ventilatory support in PICU
- VOP A contraindicated.
- Plan discussed & attending, who
concurs & plan.

Follow-up

Family has decided not to offer body
for organ donation and support withdrawn.
Ventilator turned off at 2035 and pt. pronounced
dead. parent with family
Funeral arrangements made & funeral
home in
final decision. aware of

PROGRESS RECORD

PICU BRIEF RAN

4 y/o M who was the ~~unrestrained~~ front seat passenger in a high speed crash this p.m. RS personnel found pt. pulseless & apneic under front dashboard. After ~ 20 min extrication CPR was performed & pt ^{resuscitation} taken to where resus.

continued for total of ~ 60 minutes from time of accident before spont. pulse obtained. On arrival at UMC pt. continued to have fixed, dilated pupils, was unresponsive & flaccid. C-spine survey demonstrated severe atlanto-occipital dislocation, head CT consistent w/ severe anoxic/ischemic CHI, body CT demonstrated liver laceration & intraperitoneal fluid.

on arrival in

T 30° P 113 R 30 (1mv) BP 59/25 SaO₂ 86%

Exam:

gen: unresponsive, massive facial edema/abrasions

HEENT: pupils fixed, dilated, blood from o/p, nares & both ears

NECK: ~~normal~~, edematous & tense

LUNGS: well-aerated & rent

HEART: ~~normal~~ centrally only, CFT ~ 6-8 sec

ABD: tense, no bowel sounds

(cont.)

PR2

(cont. from above)

NEURO: flaccid, & DTR's, & corneal reflex, pupils non-reactive, rectal tone absent per

EXTREM: no gross injury

ASSESS: Atlanto-occipital dislocation & severe anoxic/ischemic brain injury

PLAN: ① pt. was admitted to . ② femoral a-line & venous c.l. placed by

②^u at parents request & after mult. prolonged discussions &

mechanical vent. support was withdrawn. Time of death

③ family counseled throughout by §

④ medical examiner notified, notified

⑤ funeral arrangement to be made in a.m. at in

PROGRESS RECORD

Pt admitted from ER. Pt has C-Spine survey demonstrated atlanto-occipital dislocation & severe anoxic/ischemic closed head injury. Pt also had liver laceration and peritoneal fluid present. Pt unresponsive upon admission. Eyes 6 Fixed & spontaneous movement very flaccid. No medications given to sedate. Pt is alertly intubated @ 5.5 ETT 18cm @ lip 100% FiO₂ IMV 30 PEEP + 10 Suctioned for thick blood tinged secretions. Lung fields rhonchorous. Continuous nasal & oral bloody secretions. Pt HR 118-130 received Epi bolus x2 for BP 50/30 Epi got @ 4mcg/kg/min Dopamine @ 5mcg/kg/min Continuous fluid wide open to maintain BP PRBCs x2 5% Albumin 250cc x1 Perfusion 7-8 sec throughout femoral pulses only palpable. No peripheral pulses abdomen tense. 8fr Foley to gravity. Family in many times throughout very emotional refuse donation only want to withdraw and stop her suffering."

— All drip/medications stopped, ET tube pulled by by HR stopped pronounced dead

41 Lvl / NG / Foley PIC Central line tied off
 At cleared. Family in to view body crying
 Said goodbye and left. So Home in Lexington
 present and very supportive
 throughout. Bereavement counseling began.
 footprints/handprints done.

Sent to

Time

Admit to room ER accompanied by Perks Surgery,
and ER nurse Bp 45/95 Epi. given. 2mg IV.
Started Alternating b/w and
into D and E given. (R) femoral, umbilic, lumbar E cords
begin. Blood draw noted. (R) femoral Arterial line
placed by. Connected to Monitors. Blood
wave form noted.
Fluids with norm Epi e. 4mcg / 1mg saline 5mcg /
Pt was fixed dilated w/ spontaneous movement.
Parents in to visit. Mom had very emotional crying
at bedside state "I just want her to stop hurting
she can't take much more" Support given to family
Reassuring for rounds. States he spoke
to parents and they do not wish to donate.
But just to withdraw support and let her
die.
Many family members in to see patient very
emotional.
Perks Surgery
Present Bed IV stopped NOT pulled ET tube pulled
Q.
At C-collar removed PIV D/C pressure bag applied
to leg D/C Central / Arterial off
cleaned + prepared for family
family in crying Reassured follow-up
stated
for parents + hand nurse done
Send to

Start of Shift - RN Signature & Exceptions	End of Shift - RN Signature & Exceptions	End of Shift - RN Signature & Exceptions	End of Shift - RN Signature & Exceptions	End of Shift - RN Signature & Exceptions
<p>I have been completed except as noted below. Plan of Care (Parts I & II and the Patient Education Plan) have been reviewed and updated as appropriate.</p> <p>_____ Time _____</p> <p>RN Signature _____</p>	<p>All interventions have been completed except as noted below. Plan of Care (Parts I & II and the Patient Education Plan) have been reviewed and updated as appropriate.</p> <p>_____ Time _____</p> <p>RN Signature _____</p>	<p>All interventions have been completed except as noted below. Plan of Care (Parts I & II and the Patient Education Plan) have been reviewed and updated as appropriate.</p> <p>_____ Time _____</p> <p>RN Signature _____</p>	<p>All interventions have been completed except as noted below. Plan of Care (Parts I & II and the Patient Education Plan) have been reviewed and updated as appropriate.</p> <p>_____ Time _____</p> <p>RN Signature _____</p>	<p>All interventions have been completed except as noted below. Plan of Care (Parts I & II and the Patient Education Plan) have been reviewed and updated as appropriate.</p> <p>_____ Time _____</p> <p>RN Signature _____</p>

PICU ATTENDING NOTE

Chief Complaint - 4 year old white female brought to the with the diagnosis of brain death following a motor vehicle accident with a severe head trauma. She was brought to the unit for temporary care until the family decides on organ donation.

She was the victim of a motor vehicle accident in which the truck that her father drove collided with another vehicle at high speed. She was unrestrained at the time and apparently hit her head against the under dash, beneath inflated air bags. She was apneic for at least 20 minutes before receiving CPR. She was transferred via _____ to the _____ emergency room.

Lateral cervical x-rays showed a massive decapitation. AP views disclosed a massively enlarged neck and upper mediastinum. In the chest there was evidence of massive pulmonary hemorrhage and/or pulmonary edema. A head CT revealed massive cerebral edema and hemorrhages. An abdominal CT disclosed massive retroperitoneal hemorrhage, lack of splenic blood flow, and lack of elimination of contrast by

the kidneys

Upon admission to the _____ she was cold, hypotensive, on an Epinephrine drip at .4 _____/minute and a Dopamine drip at 5 μ g/kg/minute. She was _____ transfused with packed red cells. She was also hooked to a mechanical ventilator with pressures of 55-60 PIP and 0 PEEP. _____ Oxygen was at 100%.

I proceeded to place right femoral central arterial and venous lines. It was not an easy task because both inguinal areas were with hematomas and bleeding as a consequence of disseminated intravascular coagulation.

The primary team observing her is _____ with

Four hours after her admission to the _____ the parents decided against organ transplantation and all support was withdrawn as per their request.

PR4

SHADED AREA TO BE COMPLETED BY PHYSICIAN AT TIME OF ADMISSION

DATE OF ADMISSION CERTIFICATION: _____ EXPECTED LOS: _____
 REASON FOR ADMISSION: SEVERE CHT 85405
 SIGNATURE: _____ M.D.

PRINCIPAL: Severe CHT CODES: 85405

SECONDARY: LIVER 86409
87203
87405

PRINCIPAL: V2NT DATE: _____ PHYSICIAN: _____ CODES: 9671
head CT 8703
body CT 8738
 SECONDARY: RBC (24) 9904

DRG _____ Coder _____ Date Coded _____

"I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge."

ATTENDING PHYSICIAN SIGNATURE

DATE

DISPOSITION:

- ☒ Home/selfcare Err!
☐ Home/home health referral
☐ AMA
☐ Western State Hospital
☐ Acute Care Facility
☐ Rehab Facility/Unit
☐ Nursing Home-SNF bed
☐ Nursing Home-ICF bed
☐ Other

- ☐ DNR date _____
☐ Death within 48 hrs of admission
☐ Death after 48 hrs of admission
☐ Died in OR ☐ Post-op death
☐ Autopsy

ATTENDING PHYSICIAN:

REFERRING PHYSICIAN: NONE

FAMILY PHYSICIAN: NONE

PRIMARY DISCHARGE DIAGNOSIS:

1. DEATH DUE TO ATLANTO-OCCIPITAL DISLOCATION
2. SEVERE HYPOXIC ISCHEMIC BRAIN INJURY

ADDITIONAL DISCHARGE DIAGNOSES:

1. NONE

PRIMARY OPERATION OR PROCEDURE:

1. RIGHT FEMORAL CENTRAL LINE PLACEMENT
2. RIGHT FEMORAL ARTERIAL LINE PLACEMENT

REASON FOR ADMISSION: was a four-year-old, white female who was the unrestrained passenger in a high speed motor vehicle accident who was admitted for further management.

HISTORY OF PRESENT ILLNESS as a four-year-old, white female who was the unrestrained front seat passenger in a high speed motor vehicle accident this afternoon. By report she was pulseless and apneic at the scene and required a prolonged extraction from the vehicle of approximately 20 minutes. She underwent CPR at that time and was taken in a full cardiopulmonary arrest mode to the nearest hospital, At

she continued to be a full resuscitation for a total of approximately 60 minutes from the time of the accident before a spontaneous and blood pressure were obtained. She had multiple rounds of cardiac drugs as well as electrical cardioversion. She was intubated at the scene and was transferred after stabilization at

On arrival in the here she was found to be flaccid, with fixed and dilated pupils and unresponsive. Initial trauma evaluation demonstrated a cervical spine film in which Atlanto-occipital dislocation. She also underwent head CT which was consistent with severe ischemic injury, as well as an abdominal CT was performed demonstrating liver laceration and free fluid in the peritoneum. She was admitted to the for further stabilization and for potential organ donation.

PAGE 2

PHYSICAL EXAMINATION: ~~Physical examination~~ at the time of admission and arrival on the PACU, the vital signs included temperature of 30.9, pulse 113, respirations 30 (ventilated), blood pressure 59/25, oxygen saturation 86% on 100% O2. In general, this is an unresponsive four-year-old with massive facial edema and abrasions. HEENT: The pupils are fixed and dilated bilaterally, blood is seeping from the oropharynx, the nares and both ears. Neck - This is in a cervical collar but is notable for significant edema and tense appearance. Lungs - Well aerated with current ventilator settings. Heart - Distant heart sounds, pulses are palpable at central sites only. Capillary filling time is 6 to 8 seconds and extremities are mottled. The abdomen is tense with no bowel sounds.

Neurologic Examination - The patient is flaccid with no deep tendon reflexes; no corneal reflexes and pupils are nonreactive. Extremities - There are no gross injuries.

COURSE IN HOSPITAL: The patient was ~~admitted~~ only briefly to the ~~at which time~~, right groin lines were placed. She remained ventilated until ~~at which time~~ her parents had requested removal from artificial support. The patient's requested this after prolonged discussions with the ~~the~~ and the radiologists who had reviewed her films.

Mechanical ventilator support was withdrawn at ~~and the patient was declared dead shortly thereafter.~~ The family has been counselled by ~~the~~ and ~~from the~~. The family will make arrangements the following morning for funeral at

CONDITION ON DISCHARGE: The patient has died of Atlanto-occipital dislocation and severe ~~traumatic~~ encephalopathy from ~~closed head~~ trauma.

DATE: _____ TIME: _____

NEUROLOGICAL: Anesthetized Paralyzed Sedated Arousable Awake Somnolent Irritable Hyperactive Comatose.

Age appropriate response: Yes / No Follows commands: Yes / NoPupils: 2 3 4 5 Equal/unequal fixed Brisk Sluggish Focus Tracks FollowsFontanel: Anterior open firm flat bulging depressed closed Posterior open firm flat bulging depressed closed

Reflexes: < 3 months: Babinski palmar rooting suck reflex < 8 months: plantar suck reflex

Movements: Spontaneous movement of all extremities / purposeful to stim only / no movement / posturing decorticate, decerebrateMuscle Tone: Rigid Hypoactive Normotonic flaccid Protective Reflexes: cough / gag / blink NONEI.C.P. Monitor: pressures _____ cervical collar ✓ Becker drain @ _____ above the ears Traction: type _____ amount _____Comments: Rt 5-6 Fixed 0 movementRESPIRATORY: ETT# 5.5, 18 cm @ lip Suction Catheter size: 10 fr.Trach type _____ size _____ trach ties secure extra trach @ bedside N/C _____ L room air Respiratory rate 30Ventilator Fervo FIO2 100% IMV 30 PEEP 40 CPAP _____ AC _____ PS _____ MXIP _____ TV _____ ETCO2 _____ SaO₂ % 96-100

Pressure manometer for bagging present: Yes / No

Spontaneous Respirations: None Shallow Deep Adequate chest expansion Symmetrical / Asymmetrical

Retractions grunting nasal flaring stridor cyanosis (central peripheral)

Breath Sounds: Right Clear Bases Decreased Rales Rhonchi Wheezes= bilateral Left Clear Bases Decreased Rales Rhonchi WheezesAirway Sx / Sputum none / small / mod / large thin / thick / frothy clear / white / yellow bloody

Pleural Tube: R x _____ L x _____ Pleur-Evac 20 cm sx 10 cm sx str drain

Comments: suctioned for thick bloody secretions
continuously; nasal / oral secretionsCARDIOVASCULAR: NSR SB ST Junctional Paced Other _____

PVC Unifocal / Multi-focal rare / occ / freq PAC rare / occ / freq

Other: _____

S1 S2: Clear Distant Muffled S3 S4 Rub Murmur ClickSkin: R UE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 5 secL UE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 5 secR LE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 7 secL LE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 7 secEdema: Face/Neck Extremities hands/feet General head/neck swollen + blue colorPulses: Radial R NP L NP Brachial R NP L NP DP R NP L NP PT R NP L NP

Mediastinal CT x _____ Pleur-Evac: 10 cm/15 cm/20 cm sx / St Drain Strip and Seal Yes No

Air Leak: Yes No Drainage Serosanguinous / Serous / None

Pacer: Epicardial / Transvenous / Permanent A Wires x _____ V Wires x _____

Atrial AV Ventricular Demand / Asynchronous Wires: Disconnected Intact & insulated

Rate _____ MA _____ THRES _____ SENS _____

Capture/Sense _____ Underlying Rhythm _____

IABP: See CCFS for details Trigger ECC/A-Line Distal pulses: palp / doppler / asept

Comments: See CCFS for vital signs, hemodynamic readings, and lab results

benard pulses only palpableF
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Liver: palpable definite below R costal margin unable to palpate

IV Fluids Total fluids _____ hour _____ 24 hours (Concentration, Rate, Dose, Infusion Port)

① Urine NS open ② AC Epi 12mg / 100NS e 4/0 = .4mcg/kg/min
 Dopamine 120mg / 100NS e 5mcg/kg/min ③ femoral Central
 line for heparin / PRAX ④ femoral A line NS: Hep e 3/0

GASTROINTESTINAL: Abdominal Girth _____ Soft Firm Distended Distended Nondistended Bowel Sounds: none/hypoactive/active/hyperactiveNGT/OGT: # 12 fr. US st. / st. drain to gravity Return: none / irrigant only / clear green / tan / coffee ground / bloody

Nausea / Emesis: _____ Checked for placement per auscultation N.G. G. tube peg. button J. tube

Diet: NPO Stool 0

Comments: _____

GENITOURINARY: # 10 FR Foley U-bag Catheter to st drain Spont void _____ diaper _____ other _____

_____ FR Feeding tube to st drain

Urine: straw / yellow / amber / clear / bloody clear / cloudy Sediment: white / dark Irrigation: _____

Comments: _____

INTEGUMENTARY: Skin turgor poor Breakdown / Pressure Sore _____

Echymosis _____

Dressings / Incision neck swollen multiple IV sticks presentface very swollen along c tongue

Eggcrate Adult Bed Radiant Warmer Bed along High top crib KOC table

Comments: _____

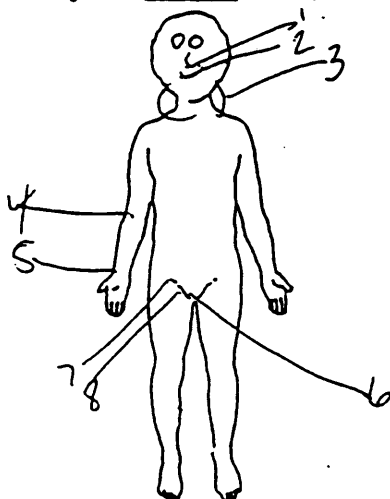
PSYCHOSOCIAL/FAMILY/PARENT & CHILD INTERACTION Phoned _____ Visited _____ Touched _____ Held _____

family present very distraught

INVASIVE LINES/WOUNDS/DRESSINGS: Invasive lines patent; sites free of sx of infection; dressings dry & intact; distal ports of pressure lines transduced to standard Heparin flush with good wave form, unless otherwise noted.

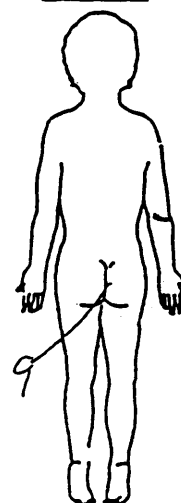
PA Cath @ _____ cm

Right ANTERIOR Left



1 NGT
 2 ETT
 3 Cervical cath
 4 PIV
 5 PIV
 6 Foley
 7 A line
 8 CL
 9 Rectal probe

Left POSTERIOR Right



SIGNATURE _____

BEST AVAILABLE

NAME:
MED REC NO:
SEX:
DOB:
LOCATION:
ATTENDING MD:
ORDERING MD:
PT ACCT NO:

CONSULTATION REPORT

ORDER NO:

CLINICAL DATA:

-TRAUMA

EXAMINATION:

DIA-156 C SPINE, LATERAL ONLY

DIV: EXAM DT/TIME

DIA-101 PELVIS AP OR BILAT HIPS (1 FILM)

DIV: EXAM DT/TIME:

DIA-22 CHEST SINGLE VIEW PORTABLE

DIV: EXAM DT/TIME:

C SPINE, LATERAL ONLY

FULL RESULT:

CROSSTABLE LATERAL PORTABLE CERVICAL SPINE AT 1620 HRS: THERE IS AT LEAST 1 CM OF ATLANTO-OCCIPITAL DISLOCATION. THE REMAINDER OF THE CERVICAL SPINE APPEARS TO BE WITHIN NORMAL LIMITS. THERE IS NORMAL ALIGNMENT OF THE CERVICAL SPINE AS VISUALIZED THROUGH THE C7-T1 INTERSPACE. THERE IS MARKED SOFT TISSUE SWELLING IN THE UPPER CERVICAL REGION, HOWEVER, THE PATIENT IS INTUBATED PREVENTING FURTHER EVALUATION OF THE PREVERTEBRAL SOFT TISSUES.

IMPRESSION:

1. MARKED ATLANTO-OCCIPITAL DISLOCATION AS DESCRIBED.

ADDENDUM: THESE FINDINGS ARE CONSISTENT WITH CRANIOVERTEBRAL DISASSOCIATION.

PELVIS AP OR BILAT HIPS (1 FILM)

FULL RESULT:

AP SUPINE PORTABLE PELVIS AT 1620 HRS: THERE IS NO FRACTURE INVOLVING THE PELVIS, OR PROXIMAL FEMURS.

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LOCATION:
ATTENDING MD
ORDERING MD:
PT ACCT NO:

CONSULTATION REPORT

IMPRESSION:

NORMAL TRAUMA PELVIS.

CHEST SINGLE VIEW PORTABLE

FULL RESULT:

AP SUPINE PORTABLE CHEST AT AN ENDOTRACHEAL TUBE HAS BEEN PLACED, THE TIP LIES NEAR THE CARINA. AN N-G TUBE IS IN PLACE WITHIN THE STOMACH, AND IT IS COILED WITHIN THE DUODENUM. THE HEART APPEARS NORMAL IN SIZE, AND THE MEDIASTINUM IS WIDENED AND A DISTINCT AORTIC KNOB IS NOT WELL IDENTIFIED. THERE APPEARS TO BE NO PLEURAL EFFUSION PRESENT. THERE ARE INCREASED DENSITIES NEAR THE HILA BILATERALLY, WHICH APPEAR TO REPRESENT AN EARLY PULMONARY EDEMA PATTERN, POSSIBLY RELATED TO THE PATIENT'S TRAUMA. THERE IS NO BONY TRAUMA TO THE THORAX PRESENT, AND NO PNEUMOTHORAX.

IMPRESSION:

1. MEDIASTINAL WIDENING AS DESCRIBED, WITH INDISTINCTNESS OF THE AORTIC ARCH. THIS RAISES CONCERN FOR POSSIBLE AORTIC INJURY.
2. EARLY PULMONARY EDEMA PATTERN, POSSIBLY RELATED TO THE PATIENT'S UNDERLYING TRAUMA.

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SIGNING MD:

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BEST AVAILABLE

NAME:
MED REC NO:
SEX:
DOB:
LOCATION:
ATTENDING MD:
ORDERING MD:
PT ACCT NO:

HEAD CT
ORDER NO:

CLINICAL DATA:

-4 Y/O S/P MVA INTUB W/ MULTIPLE INJURIES

EXAMINATION:

CNE-1 CT HEAD W/OUT CONTRAST

DIV:

EXAM DATE

FULL RESULT:

NO OLD COMPARISON.

ALL SCANS WERE OBTAINED WITHOUT THE INTRAVENOUS ADMINISTRATION OF CONTRAST.

THERE IS DIFFUSE LOSS OF THE CEREBRAL AND CEREBELLAR GRAY-WHITE DIFFERENTIATION INDICATING GENERALIZED CEREBRAL EDEMA. THERE IS INTRAVENTRICULAR HEMORRHAGE IN BOTH LATERAL VENTRICLES LAYERING DEPENDENTLY. THE QUADRIGEMINAL PLATE CISTERN AND THE FOURTH VENTRICLE ARE NOT CLEARLY SEEN WHICH MAY BE SECONDARY TO INCREASED INTRACRANIAL PRESSURE OR ON THE BASES OF ISODENSE CSF FILLING THESE SPACES. LINEAR REGIONS OF INCREASED DENSITY ARE SEEN AT THE VERTEX REPRESENTING SUBARACHNOID HEMORRHAGE AS WELL AS A FOCAL AREA OF INCREASED DENSITY ON THE ANTERIOR ASPECT OF THE RIGHT VERTEX INDICATING AN EXTRA-AXIAL FLUID COLLECTION. ALSO NOTED IS A LEFT PARIETAL BONE NONDISPLACED SKULL FRACTURE.

EXAMINATION OF THE SCOUT IMAGE REVEALS DIFFUSE PREVERTEBRAL SOFT TISSUE SWELLING AS WELL AS ATLANTO-OCCIPITAL DISLOCATION.

IMPRESSION:

1. THERE IS ATLANTO-OCCIPITAL DISLOCATION SEEN ON THE SCOUT. IN ADDITION, THERE IS DIFFUSE CEREBRAL EDEMA, INTRAVENTRICULAR HEMORRHAGE, AND SUBARACHNOID HEMORRHAGE.
2. SMALL EXTRA-AXIAL FLUID COLLECTION PRESENT AT THE RIGHT VERTEX.

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ORDERING MD:
PT ACCT NO:

CT OF THE ABDOMEN AND PELVIS
ORDER NO: [REDACTED]

CLINICAL DATA:

—4 Y/O S/P MVA INTUB W/ MULTIPLE INJURIES

EXAMINATION:

CBE-86 CT ABDOMEN/PELVIS
72193.52

DIV: EXAM DATE

FULL RESULT:

NO OLD COMPARISON. ALL SCANS WERE OBTAINED AFTER THE INTRAVENOUS ADMINISTRATION OF CONTRAST ACCORDING TO PROTOCOL. NO ORAL CONTRAST WAS ADMINISTERED. THERE ARE BILATERAL PLEURAL EFFUSIONS, RIGHT GREATER THAN LEFT. THERE IS ATELECTATIC PORTION OF THE LEFT LOWER LOBE. THERE IS NO EVIDENCE OF ANY PNEUMOTHORAX.

THE EXAMINATION OF THE LIVER REVEALS LOW DENSITY SURROUNDING THE PORTAL VEINS EXTENDING OUT INTO THE PERIPHERY LIKELY REPRESENTING PERIportal FLUID WHICH MAY REPRESENT EDEMA OR HEMORRHAGE. WITHIN THE POSTERIOR ASPECT OF THE RIGHT LOBE OF THE LIVER, THERE ARE PATCHY AREAS OF LOW DENSITY LIKELY REPRESENTING A SMALL HEPATIC CONTUSION. BOTH KIDNEYS SHOW EVIDENCE OF PERFUSION, BUT DO NOT EXCRETE CONTRAST ON THE DELAYED IMAGES. THE SPLEEN IS UNIFORMLY LOW IN DENSITY, WHICH MAY BE THE RESULT OF HYPOVOLEMIA OR VASCULAR PEDICLE INJURY. IN ADDITION, THERE IS LOW DENSITY PRESENT THROUGHOUT THE RETROPERITONEUM LIKELY REPRESENTING FLUID. THE IVC APPEARS COLLAPSED ALSO LIKELY AS A RESULT OF HYPOVOLEMIA. MULTIPLE DILATED LOOPS OF LARGE AND SMALL INTESTINE ARE NOTED. NO FREE INTRAPERITONEAL AIR IS PRESENT.

EXAMINATION OF THE BONY STRUCTURES REVEALS NO EVIDENCE OF ANY FRACTURE.

IMPRESSION:

1. FINDINGS CONSISTENT WITH PERIportal EDEMA/HEMORRHAGE AS WELL AS AN AREA OF PROBABLE CONTUSION WITHIN THE POSTERIOR ASPECT OF THE RIGHT LOBE OF THE LIVER. [REDACTED]

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DOB:
LOCATION:
ATTENDING MD
ORDERING MD:
PT ACCT NO:

ORDER NO:

CLINICAL DATA:

-CHECK TUBE PLACEMENT

ADDITIONAL CLINICAL DATA: S/P CRANIOCERVICAL DISRUPTION.

EXAMINATION:

DIA-22 CHEST SINGLE VIEW PORTABLE

DIV:

EXAM DT/TIME

DIA-30 ABDOMEN SINGLE VIEW PORTABLE

DIV:

EXAM DT/TIME

CHEST SINGLE VIEW PORTABLE

FULL RESULT:

CHEST/ABDOMEN, PORTABLE AT 1910 HOURS: SEE IMPRESSION.

IMPRESSION:

ET TUBE IS AT THE CARINA. THERE IS SIGNIFICANT WIDENING OF THE MEDIASTINUM, AND THERE IS PERIHILAR EDEMA. THIS MAY BE A HEMATOMA DISSECTING INTO THE MEDIASTINUM FROM THE NECK, BUT A MEDIASTINAL VASCULAR INJURY COULD ALSO CAUSE THIS APPEARANCE.

ABDOMEN SINGLE VIEW PORTABLE

FULL RESULT:

SEE ABOVE.

IMPRESSION:

SEE ABOVE.

TRANSCRIBED BY:
READING MD:
RESIDENT MD:
SIGNING MD:

DATE/TIME:
DATE/TIME:
DATE/TIME:
DATE/TIME:

THIS DOCUMENT WAS SIGNED ELECTRONICALLY
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Px4

BEST AVAILABLE

NAME:
MED REC NO:
SEX:
DOB:
LOCATION:
ATTENDING MD
ORDERING MD:
PT ACCT NO:

2. BOTH KIDNEYS PERFUSE, BUT DO NOT EXCRETE CONTRAST ON THIS EXAM. THIS ~~LIKELY~~ IS THE RESULT OF HYPOVOLEMIA/ATN.

3. THE SPLEEN DOES NOT APPEAR TO BE PERFUSE ON THIS EXAM ALSO LIKELY THE RESULT OF HYPERPROFUSION OR VASCULAR PEDICLE INJURY.

4. LARGE AMOUNT OF FLUID WITHIN THE RETROPERITONEUM.

5. BILATERAL PLEURAL EFFUSIONS, RIGHT GREATER THAN LEFT WITH EVIDENCE FOR ATELECTASIS OF THE LEFT LOWER LOBE.

TRANSCRIBED BY:
READING MD:
RESIDENT MD:
SIGNING MD:

DATE/TIME:
DATE/TIME:
DATE/TIME:
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[illegible][illegible]

RESULTS		
WBC _____	GLUC _____	CA _____
HGB _____	NA _____	MG _____
HCT _____	K _____	PHOS _____
PLT _____	CL _____	AMY _____
PT _____	G02 _____	BILI _____
PTT _____	BUN _____	BETA _____
	CR _____	ETOH _____

[illegible]

OTHERS - CUT OFF
T-SHIRT/SWEATER
T-SHIRT/SKIRT
T-SHIRT/SOCKS
T-SHIRT/WEAR
T-SHIRT/JACKET

OTHER _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____

WALLET/PURSE
MONEY \$ _____
WATCH
RING
EARRING
BRACELET

NECKLACE
HEARING AID
GLASSES
CONTACTS
DENTURE
UPPER
LOWER

[illegible]

DISPOSITION: UNIT & ROOM _____ HOME TIME _____

REPORT GIVEN TO: _____ RN. BY: _____

* DENOTES NEW RESULT

BEST AVAILABLE

***** ARTERIAL BLOOD GASES *****						
TEST:	pH	pCO2	pO2	HCO3	BASE EXCESS	FI02
UNITS:		mmHg	mmHg	mM/L	mM/L	
LO-HI:	7.35-7.45	35-45	75-100	21-29		
	6.96L	26L	76	6L	NEG 26	100
	CVC					
	(a)					
	7.01L	45	156H	11L	NEG 19	NO FI02 GIVEN
	E CHECKED					
	CVC					
	(b)					
	BY 334					

----- ARTERIAL BLOOD GASES -----	
TEST:	O2
UNITS:	SATURATION
LO-HI:	%
	36

***** WHOLE BLOOD CHEMISTRIES *****			
TEST:	SODIUM	POTASSIUM	IONIZED
UNITS:	mEq/L	mEq/L	CALCIUM
LO-HI:	136-145	3.5-5.0	4.2-5.0
	143	3.3L	3.5L

---FOOTNOTES---

CVC CRITICAL VALUE(S) CALLED TO
 (a)
 (b) C. EXLINE AT

CONTINUED

MEDICAL EXAMINER'S REPORT

☒ Resident
☐ Non-resident

BEST AVAILABLE

DECEDENT: First Name / Middle Name Last Name AGE: 4yr RACE: CAUCASIAN SEX: FEMALE

ADDRESS: Number and Street M W (S) D OCCUPATION:

City or County Zip Code SSN: EMPLOYER:

TYPE OF DEATH: (Check one only)

☐ Sudden in apparent good health
☐ Unattended by physician
☐ In prison, jail, or police custody

☐ Suspicious
☐ Unusual

☒ Violent or Unnatural
☒ Means weapon

AUTO / TRUCK

UNRESTRAINED

	Last Seen Alive	Injury or Illness	Death	Medical Examiner Notified	One of the Following:
DATE					<input type="checkbox"/> DRIVER
TIME					<input checked="" type="checkbox"/> PASSENGER
					<input type="checkbox"/> PEDESTRIAN

NOTIFICATION BY

OFFICIAL TITLE PEDIATRIC ICU RESIDENT

ADDRESS

INVESTIGATING OFFICER

JURISDICTION

HONE NC

	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E.G., HIGHWAY, ETC.)
INJURY OR ONSET OF ILLNESS			
DEATH			
VIEWING OF BODY BY MEDICAL EXAMINER			

DESCRIPTION OF BODY	BLOOD	NOSE	MOUTH	EARS	RIGOR	LIVOR	NON FATAL WOUNDS
<input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/> Partly Clothed Hair Color Brown Beard Mustache Pupils: R 5mm L 5mm Eyes: Color BROWN Body Heat WARM ADD Scars, tattoos, etc. <input checked="" type="checkbox"/> Cool EXTREM.		(+)	(+)	(+)	<input type="checkbox"/> Jaw <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Complete	Color PINK <input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior <input type="checkbox"/> Lateral Regional	<input checked="" type="checkbox"/> Abrasion <input type="checkbox"/> Burn <input checked="" type="checkbox"/> Contusion <input type="checkbox"/> Stab <input type="checkbox"/> Gunshot <input type="checkbox"/> Incised <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture DISTRIBUTION: <input checked="" type="checkbox"/> Scalp <input type="checkbox"/> Chest <input checked="" type="checkbox"/> Face <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Legs

FATAL WOUNDS (GUNSHOT, STAB, ETC.)	size / shape	burn / powder	Location: Top of head / L, R of midline	PLANE, LINE OR DIRECTION
BLUNT TRAUMA TO HEAD				

CAUSE OF DEATH: SEVERE ANXIAL / ISCHEMIC BRAIN DAMAGE 2° ATLANTO- OCCIPITAL DILATION 2° MVA	MANNER OF DEATH: (Check one only) <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending	AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No AUTHORIZED BY: Pathologist Autopsy No.
--	---	--

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with §32.1-283, Code of Virginia; and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

BEST AVAILABLE

MEDICAL ATTENTION INSTITUTIONAL CARE:

NAME OF PHYSICIAN OR INSTITUTION

AD

DIAGNOSIS

DATE

CIRCUMSTANCES OF DEATH:

	NAME	Official Title or Relationship to Decedent	ADDRESS
FOUND DEAD BY			
LAST SEEN ALIVE BY		GRANDMOTHER	
WITNESSES TO INJURY OR ILL- NESS AND DEATH			

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

The deceased is a 4yr old WF unrestrained passenger who was riding in the front passenger seat of a car owned by her grandmother (name redacted). The car was traveling at a speed exceeding the maximum speed limit in the area. The vehicle hit the back end of a pickup truck which was turning left across the path of the oncoming vehicle. Although the car had dual airbags, apparently the child was projected over the airbag and struck the windshield. The child was pulseless and apneic upon arrival of EMS personnel. The child was resuscitated during transport to the hospital as well as during transfer via ambulance. A spontaneous pulse was achieved (p estimated 45-60 minutes of resuscitation efforts). The child was completely flaccid & bilateral fixed/dilated pupils. Spontaneous respirations were absent. Head CT revealed severe global anoxic damage as well as a marked atlanto-cervical dislocation. Abdominal scans revealed multiple liver lacerations. Due to the grave nature of the injuries support was withdrawn. The child was in stable condition @

Toxicology sent: ☐ Yes ☒ No

☐ Blood

☐ Urine

☐ Other

DECEDENT

(?) One of the passengers of the pickup truck sustained very minor injuries not requiring hospitalization. The driver was not injured.